

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 10, 2004  
Secretary of State**

DOCUMENT# N32936

Entity Name: CRESCENT GARDENS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

958 SPYGLASS LANE  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11452  
NAPLES, FL 34101

**New Mailing Address:**

649 5TH AVE S.  
# 212  
NAPLES, FL 34102 US

FEI Number: 65-0128289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BULTINCK, STEFAAN  
958 SPYGLASS LANE  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

BULTINCK, STEFAAN  
958 SPYGLASS LANE  
NAPLES, FL 34102 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEFAAN BULTINCK

02/10/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BULTINCK, STEFAAN  
Address: 958 SPYGLASS LANE  
City-St-Zip: NAPLES, FL 34102 US

Title: VPD ( ) Delete  
Name: WOODWARD, MARK J  
Address: 801 LAUREL OAK DR. #710  
City-St-Zip: NAPLES, FL 34108

Title: STD ( ) Delete  
Name: BAETSLE, ERNA  
Address: 958 SPYGLASS LANE  
City-St-Zip: NAPLES, FL 34102 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEFAAN BULTINCK

PD

02/10/2004

Electronic Signature of Signing Officer or Director

Date