

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


APPROVED  
AND  
FILED

03 SEP -4 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N32936**

1. Entity Name  
**CRESCENT GARDENS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
458 SPYGLASS LANE  
NAPLES, FL 34102 US

Mailing Address  
P.O. BOX 110339  
NAPLES, FL 34108

*[Handwritten Signature]*



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
*958 SPYGLASS LANE*

3. Mailing Address  
*PO BOX 11452*

Suite, Apt. #, etc.

City & State  
*NAPLES, FLORIDA*

City & State  
*NAPLES, FLORIDA*

Zip  
*34102*

Country  
*USA*

Zip  
*34101*

Country  
*USA*

4. FEI Number  
**65-0128289**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BULTINCK, STEFAAN**  
958 SPYGLASS LANE  
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
*500022760665*

City  
**FL**

Zip Code  
*09/04/03--01071--004 \*\*70.00*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when substituting)

**FILE NOW! FEES \$61.25**  
Initial Filing Fee for UBR

9. Election Campaign Financing Trust Fund Contribution...  **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BULTINCK, STEFAAN	
STREET ADDRESS	958 SPYGLASS LANE	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WOODWARD, MARK J	
STREET ADDRESS	801 LAUREL OAK DR. #710	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, NICHOLAS	
STREET ADDRESS	9606 CRESCENT GARDEN DR. #202	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAETSLE ERNA	
STREET ADDRESS	958 SPYGLASS LANE	
CITY-ST-ZIP	NAPLES, FL. 34102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEFAN BULTINCK, PRESIDENT *9-2-03* *239-450-3505*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (10/02)