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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N34022

1. Corporation Name

CRESTWOOD VILLAS OF SARASOTA CONDOMINIUM ASSOCIATION, SECTION I, INC.

Principal Place of Business

C/O MILLER MANAGEMENT SVCS. INC.  
2828 PROCTOR ROAD  
SARASOTA FL 34231  
US

Mailing Address

C/O MILLER MANAGEMENT SVCS. INC.  
2828 PROCTOR ROAD  
SARASOTA FL 34231  
US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

09/05/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0142691

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARONE, ROBERT  
570 57TH AVENUE WEST  
SUITE 107  
BRADENTON FL 34207

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MATHESON, RICHARD  
STREET ADDRESS 4268 BRITTANY LANE  
CITY-ST-ZIP SARASOTA FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD  
NAME FEENEY, BOB  
STREET ADDRESS 5321 CRESTLAKE BLVD  
CITY-ST-ZIP SARASOTA FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  
NAME KLEIN, JOAN  
STREET ADDRESS 5329 CRESTLAKE BLVD.  
CITY-ST-ZIP SARASOTA FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE AS  
4.2 NAME ROBERT MARONE  
4.3 STREET ADDRESS 570 57TH AVE WEST  
4.4 CITY-ST-ZIP BRADENTON FL 34207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 of Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] REBECCA BERTHIAUME

1/6/99 941-756-0401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)