


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90196 034 ****70.00

DOCUMENT # N94000000386
 1. Entity Name
 THE CROSLY ESTATE FOUNDATION, INC.



Principal Place of Business
 C/O NORMAN LUPPINO
 P.O. BOX 6051
 BRADENTON, FL 34281 US

Mailing Address
 P.O. BOX 6051
 BRADENTON, FL 34281 US

40080491



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04202006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
 65-0678528

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
 VELTZ, HOWARD
 2219 39TH STREET WEST
 BRADENTON, FL 34205

7. Name and Address of New Registered Agent
 Name: Belack, Steve
 Street Address (P.O. Box Number is Not Acceptable): 5903 La Vista Lane
 City: Bradenton FL Zip Code: 34210

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: *Steve Belack* DATE: 4/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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	DVC	<input type="checkbox"/> Delete
NAME	GUNDRUM, NATALIE	
STREET ADDRESS	325 SOMERSET AVE.	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	DC	<input type="checkbox"/> Delete
NAME	LUPPINO, NORMAN	
STREET ADDRESS	485 MAGELLAN DR.	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	DT	<input type="checkbox"/> Delete
NAME	VELTZ, HOWARD	
STREET ADDRESS	2219 39TH STREET WEST	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ARMBRUSTER, T F	
STREET ADDRESS	512 46TH STREET WEST	
CITY-ST-ZIP	BRADENTON, FL 34209	
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	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINAS, ANNA	
STREET ADDRESS	522 Hunter Lane	
CITY-ST-ZIP	Bradenton, FL 34212	
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNDRUM, Natalie	
STREET ADDRESS	325 Somerset Ave	
CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Gerald	
STREET ADDRESS	4631 Orlando Circle	
CITY-ST-ZIP	Bradenton, FL 34207	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schafield, Nancy	
STREET ADDRESS	9312 Kingston Rd	
CITY-ST-ZIP	Bradenton, FL 34210	
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 exemptions contained in Chapter 119, 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: *Steve Belack* DATE: 4/20/06 (941) 751-4443
Signature and typed or printed name of signing officer or director Date Daytime Phone #