

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002170 (5)
 1. Corporation Name
CRESTVIEW CONDOMINIUMS OF ORLANDO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2180 WEST S.R. 434, SUITE 5000 LONGWOOD FL 32779	Mailing Address 2180 WEST S.R. 434, SUITE 5000 LONGWOOD FL 32779
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3. Date Incorporated or Qualified 04/17/1997	
4. FEI Number 59-3440483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <input type="checkbox"/>	2a. Mailing Address 26 <input type="checkbox"/>
Suite, Apt. #, etc. 22 <input type="checkbox"/>	Suite, Apt. #, etc. 27 <input type="checkbox"/>
City & State 23 <input type="checkbox"/>	City & State 28 <input type="checkbox"/>
Zip 24 <input type="checkbox"/>	Country 25 <input type="checkbox"/>
Country 25 <input type="checkbox"/>	Zip 29 <input type="checkbox"/>
Country 25 <input type="checkbox"/>	Country 30 <input type="checkbox"/>

9. Name and Address of Current Registered Agent
HART, JAMES W
2180 WEST S.R. 434, SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT, JOHN	
STREET ADDRESS	555 WINDERLEY PLACE SUITE 420	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCALL, TOM	
STREET ADDRESS	555 WINDERLEY PLACE SUITE 420	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, HUNTER	
STREET ADDRESS	555 WINDERLEY PLACE SUITE 420	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, TOM	
STREET ADDRESS	555 WINDERLEY PLACE SUITE 420	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	O'SULLIVAN, CHARLIE	
1.3 STREET ADDRESS	555 WINDERLEY PL STE 420	
1.4 CITY-ST-ZIP	MAITLAND FL 32751	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GLENN, PAT	
2.3 STREET ADDRESS	555 WINDERLEY PL STE 420	
2.4 CITY-ST-ZIP	MAITLAND FL 32751	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PARKER, JENNIFER	
3.3 STREET ADDRESS	7147-119 YACHT BASIN AVE	
3.4 CITY-ST-ZIP	ORLANDO FL 32835	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charlie O'Sullivan* **CHARLIE O'SULLIVAN**
 3-9-98 407-875-1001

CR2E037 (10/97)