

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002170

1. Entity Name

CRESTVIEW CONDOMINIUMS OF ORLANDO CONDOMINIUM AS

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90094 037 ****61.25

Principal Place of Business

Mailing Address

2180 WEST S.R. 434, SUITE 5000
 LONGWOOD FL 32779

2180 WEST S.R. 434, SUITE 5000
 LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3440483

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W
 2180 WEST S.R. 434, SUITE 5000
 LONGWOOD FL 32779

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VD Delete
 NAME: ENOCHS, BRYAN
 STREET ADDRESS: 7145 #132 YACHT BASIN AVE
 CITY-ST-ZIP: ORLANDO FL 32835

TITLE: PD Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: SD Delete
 NAME: PARKER, JENNIFER
 STREET ADDRESS: 7123 #313 YACHT BASIN AVE
 CITY-ST-ZIP: ORLANDO FL 32835

TITLE: VD Change Addition
 NAME: CUDEBACK, LISA MARIE
 STREET ADDRESS: 7147-137 TACHT BASIN AVE
 CITY-ST-ZIP: ORLANDO FL 32835

TITLE: D Delete
 NAME: MCHENRY, WILBERT
 STREET ADDRESS: 7123 #313 YACHT BASIN AVE
 CITY-ST-ZIP: ORLANDO FL 32835

TITLE: SD Change Addition
 NAME: PALMER, HAZEL
 STREET ADDRESS: 7147 #116 YACHT BASIN AVE
 CITY-ST-ZIP: ORLANDO FL 32835

TITLE: [Blank] Delete
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: TD Change Addition
 NAME: ELIJAH, NICOLE
 STREET ADDRESS: 7135-223 YACHT BASIN AVE
 CITY-ST-ZIP: ORLANDO FL 32835

TITLE: [Blank] Delete
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: [Blank] Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: [Blank] Delete
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: [Blank] Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

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: Bryan Enochs BRYAN ENOCHS

1/20/00

407-858-8320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)