

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90127 025 ****61.25

DOCUMENT # **N97000002170**

1. Entity Name

CRESTVIEW CONDOMINIUMS OF ORLANDO CONDOMINIUM ASSOCIATION, INC.

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3440483

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ENOCHS, BRYAN	
STREET ADDRESS	7145 #132 YACHT BASIN AVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VILA, ELIZABETH	
STREET ADDRESS	7135 #230 YACHT BASIN AVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COHEN, MICHAEL	
STREET ADDRESS	7109 #436 YACHT BASIN AVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PALMER, HAZEL	
STREET ADDRESS	7147 #116 YACHT BASIN AVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELIJAH, NICOLE	
STREET ADDRESS	7135-223 YACHT BASIN AVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, ROLANDO	
STREET ADDRESS	7109-429 YACHT BASIN AVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORIOTDE ROUVRAY, BRUNO	
STREET ADDRESS	7123-336 YACHT BASIN AVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROBST, CYNTHIA	
STREET ADDRESS	7123-331 YACHT BASIN AVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, VALERIE	
STREET ADDRESS	7109-431 YACHT BASIN AVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VD	<input checked="" 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: *Rolando Rodriguez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02
 Date

Daytime Phone #

CR2E037 (9/01)