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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766593 (8)

1. Corporation Name

CRESCENT PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6643 MIDNIGHT PASS RD
SARASOTA FL 34242

6643 MIDNIGHT PASS RD
SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1983

3a. Date of Last Report

06/23/1994

4. FEI Number

59-2447768

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

Suite, Apt. #, etc

Suite, Apt. #, etc

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

22

27

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

23

28

8. This corporation has liability for intangible tax under C. 100.032,
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNODELL, MARILYN
6643 MIDNIGHT PASS RD
SARASOTA FL 34242

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CREIGHTON, JIM
STREET ADDRESS	6643 MIDNIGHT PASS
CITY, ST, ZIP	SARASOTA FL
TITLE	SD
NAME	NAY, TOM
STREET ADDRESS	6643 MIDNIGHT PASS RD.
CITY, ST, ZIP	SARASOTA FL
TITLE	TD
NAME	SNODELL, MARILYN
STREET ADDRESS	6643 MIDNIGHT PASS RD
CITY, ST, ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

Date

813-349-8595

Telephone Number