FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCU	MENT #	728301	1	(3)	*							
1. Corporation Name CREST CONDOMINIUM APARTMENT ASSOCIATION, INC												
Principal Place of Business Mailing Address								_	O 1900)) OUTIO HARET OBJUT ALIAN OUTION (fillia dileta	418)) VIVII 1881
BOX 68 HWY. 146 & FLOYDSBURG RD. CRESTWOOD KY 40014				7100 HWY 329 Crestwood Ky 40014 US								
									 Date Incorporated or Qualified 01/21/1974 	3a. Date	of Last 3/06/19	
Principa! Place of Business Total				2a. Mailing Address					4. FEI Number 61-0862567	-	-	Applied For Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				\top	Certificate of Status Desired		\$8.75	Additional
City & State				City & State				6. Election Campaign Financing			Required May Be	
23 Zip				28				+	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199,032,			
24	25 9. Name and Address of Current F			29 30			Florida Statutes			Yes 🔲 N	lo	199.002,
	9, Name and	Address of Curren	it Hegisu	erea Agent		81	Name	1	O. Name and Address of New Re	platered Ag	jent	
	ON, ROGER					82	Street Add	dress	(P.O. Box Number is Not Acceptable)		
	PALMETTO PARI	K ROAD				83				W-1		
POST OFFICE BOX F BOCA RATON FL										 	, , - -	
						84	City		<u> </u>	- FL I		Code
11. Pursuant or register	to the provisions o red agent, or both,	f Sections 617.0502 in the State of Floric	and 617 da. Such	.1508, Florida Statute change was authoriz	es, the abo	ove-n	arned corporation's boa	oration ard of	n submits this statement for the purpo directors. I hereby accept the appoin	ose of chang itment as re	aing its re	egistered office
DIONATE IDE	itili and accept the	congations or, Section	OIT OT 7.U	500, Fiorida Statutes				-			9	
SIGNATURE	Signature, typed or printe	ed name of registered agent	and title If ap	oplicable. (NO		d Agen	t signature require	ed whe		DATE		
12. TITLE	PD	OFFICERS AND) DIRECT	TORS DELETE	13.	ITI E	-		ADDITIONS/CHANGES TO OFFIC			 -{
NAME	MCMAHAN, A	ARVEI		_		1.1 TITLE 1.2 NAME				IJ	Change	☐ Addition
STREET ADDRESS	RT. 1 HWY 2					13 STREET ADDRESS						
City-ST-ZIP	CRESTWOOL					(TY-S	- 1					
TITLE	SD			DELETE	2.1 Ti						Change	☐ Addition
NAME	STOESS, CL			2.2		2.2 NAME						
STREET ADDRESS	6207 POTTS			2.3		2.3 STREET ADDRESS						
CITY-ST-ZiP	CRESTWOOL) KY		The section of			IT-ZIP			<u>_</u>		
TITLE NAME	TAYLOR, HIR	MM C					3.1 TITLE 3.2 NAME				Change	☐ Addition
STREET ADDRESS							ADDOCCC					
CITY-ST-ZIP	CRESTWOOL						3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					
TITLE				DELETE	4.1 TI		.,,-211				Change	Addition
NAME					4.2 N	AME				_		
STREET ADDRESS					4.3 S ¹	TREET.	ADDRESS					
CITY-ST-ZIP					4.4 CI	ITY-\$1	r-ZIP					
TITLE				DELETE	5.1 TI	TLE					Change	☐ Addition
NAME	•				5.2 N/							1
STREET ADDRESS							ADORESS					
CHTY-ST-ZIP TITLE	<u> </u>			DELETE	5.4 CI 6.1 TI	ITY-\$1	T-ZIP				Change	Addition
NAME	:				6.2 N/					u	CHANGE	L Addition
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					64 C	ITY-\$1	r-21P					
14. I do hereb	y certify that the in	formation supplied v	vith this fi	ling is voluntarily furni	bne bedsi	does	not qualify f	for th	e exemption stated in Section 119.07	(3)(k), Florid	a Statute	as. I further
oath; that	I am an officer or o	director of the corpor	ration or t	the receiver or truster	e empower	red t	o execute thi	ys teb	nd that my signature shall have the sa cort as required by Chapter 617, Flori	da Statutes;	and tha	t my name

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

Signature and typed on Phinted Name of Signature and Type