2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766593

CRESCENT PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 6643 MIDNIGHT PASS RD SARASOTA FL 34242

SNODELL, MARILYN

6643 MIDNIGHT PASS RD SARASOTA FL 34242

Mailing Address

6643 MIDNIGHT PASS RD SARASOTA FL 34242

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip

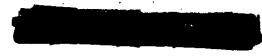
6. Name and Address of Current Registered Agent

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

05-23-2002 90013 008 ****61.25

Applied For

Not Applicable



DO NOT WRITE IN THIS SPACE

59-2447768

7. Name and Address of New Registered Agent

4. FEI Number

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

5. Certificate of Status Desired

<u> </u>		<u></u>	City		FL Zip Co	de
8. The abo	ve named entity submits this statement for the purp	ose of changing its re	egistered office of	or registered agent, or both, in the sta	te of Florida.	
SIGNATURE						•
	Signature, typed or printed name of registered agent and title if app	Scable. (NOTE: I	Registered Agent signe	sture required when reinstating)	DATE	
	FILE NOW: FEE IS \$61.25	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			Make Check Payable to Department of State	
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN	110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANAS, DAVID 6043 MIDNIGHT PASS ROAD SARASOTA FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIRELTOR TERESA TOOLE 111 SUNSET PR NOKOMIS, FL	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAY, TOM 6643 MIDNIGHT PASS RD. SARASOTA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURITY PE	☐ Change	☐ Addition
TITLE NAME	S CONTON PROVI	☐ Delete	TITLE		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	CREIGHTON, BECKI 8643 MIDNIGHT PASS RD SARASOTA FL		STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arana, Javier 6843 Midnight Pass RD Sarasota Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIER, BILL 6643 MIDNIGHT PASS RD SARASOTA FL	Defets	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
ITLE LAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
I hereby of indicated of the corp changed.	ertify that the information supplied with this filing do on this report or supplemental report is true and ac obration or the receiver or trustee empowered to ex or on an attachment # \$\frac{1}{2}\tau_{\text{state}}tdigess, with all other	Des not qualify for the curate and that my si ecute this report as relike, empowered	exemption state ignature shall ha equired by Chap	d in Section 119.07(3)(i), Florida Statuve the same legal effect as if made unter 617, Florida Statutes; and that my	ites. I further certify that the infider cath; that I am an officer c name appears in Block 10 or	iormation or director Block 11 if