

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001943

**Entity Name:** CRESCENT, SIESTA KEY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6512 MIDNIGHT PASS RD  
SARASOTA, FL 34242

**Current Mailing Address:**

2477 STICKNEY PT RD  
STE 118A  
SARASOTA, FL 34242

**FEI Number:** 20-4427393

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KATZMAN GARFINKEL & BERGER  
1501 NORTHWEST 49TH STREET - SECOND FLOOR  
FORT LAUDERDALE, FL 33309 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DALE, BUDZON SR.  
Address 6512 MIDNIGHT PASS RD #406  
City-State-Zip: SARASOTA FL 34242

Title D  
Name PEARSON, PETER  
Address 6512 MIDNIGHT PASS RD #305  
City-State-Zip: SARASOTA FL 34242

Title D  
Name DARRELL, REECE  
Address 6512 MIDNIGHT PASS RD  
City-State-Zip: SARASOTA FL 34242

Title T/S  
Name DAN, WILSON  
Address 6512 MIDNIGHT PASS RD #205  
City-State-Zip: SARASOTA FL 34242

Title D  
Name STUART, WOLPOFF  
Address 12770 GREENBRIAR RD  
City-State-Zip: POTOMAC, MD 20854

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAN WILSON

**TREASURER**

**03/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date