

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N97000002170

**Entity Name:** CRESTVIEW CONDOMINIUMS OF ORLANDO CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Aug 30, 2016**  
**Secretary of State**  
**CC7517255604**

**Current Principal Place of Business:**

760 CENTRAL FLORIDA PARKWAY  
SUITE #212  
LONGWOOD, FL 32750

**Current Mailing Address:**

760 CENTRAL FLORIDA PARKWAY  
SUITE #212  
LONGWOOD, FL 32750 US

**FEI Number: 59-3440483**

**Certificate of Status Desired: No**

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

HARA COMMUNITY 1ST ADVISORS LLC  
760 CENTRAL FLORIDA PARKWAY  
SUITE #212  
LONGWOOD, FL 32750 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            PRESIDENT  
Name            WESTRICH, DAVID  
Address        760 CENTRAL FLORIDA PARKWAY  
                 SUITE #212  
City-State-Zip: LONGWOOD FL 32750

Title            VP  
Name            BARTOO, KATHRYN  
Address        760 CENTRAL FLORIDA PARKWAY  
                 SUITE #212  
City-State-Zip: LONGWOOD FL 32750

Title            SECRETARY  
Name            DILLON, STEPHANIE  
Address        760 CENTRAL FLORIDA PARKWAY  
                 SUITE #212  
City-State-Zip: LONGWOOD FL 32750

Title            TREASURER  
Name            SEIFERT, ROBERT  
Address        760 CENTRAL FLORIDA PARKWAY  
                 SUITE #212  
City-State-Zip: LONGWOOD FL 32750

Title            DIRECTOR  
Name            MCOWEN, KATHLEEN  
Address        760 CENTRAL FLORIDA PARKWAY  
                 SUITE #212  
City-State-Zip: LONGWOOD FL 32750

*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: DAVID WESTRICH**

**PRESIDENT**

**08/30/2016**

