2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 25, 2008 08:00 AN Secretary of State **DOCUMENT # 713181** 1. Entity Name CRESCENT ARMS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2477 STICKNEY POINT RD., #118A 2477 STICKNEY POINT RD., #118A SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) 4. FEI Number Applied For City & State City & State 59-1234149 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARGUS PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 2477 STICKNEY POINT RD SUITE 118A SARASOTA FL 34231 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or primad name of registered agent and tire discolorable (NOTE: Re-1 stared Agent pignature recorded whos reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be ** Make Check: Payable to \$ Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TOTLE ☐ Delete TITLE Change Addition LAUCIELLO, FRANK NAME *U00000838769* 6310 MIDNIGHT PASS RD #301 NORTH STREET ADDRESS STREET ADDRESS 03/05/08-80044-014 61.25 SARASOTA FL 34242 CITY- ST- ZIP CITY-ST-ZIP Delote Addition RETTICH, KATHY NAME 46 EAST MARKET ST STREET ADDRESS STREET ADDRESS GERMANTOWN OH 45327 CITY-ST-ZIP CITY-ST-ZIP TITLE SD Dalete. TITLE -Change ☐ Addition NAME ULRICH, RUTH NAME 6312 MIDNIGHT PASS RD., #403S STREET ADDRESS STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP CITY-ST-ZIF HITLE Delete HTLL Change no:tibbA [[] ZELSON, JOSEPH NAME NAME 15444 WOODLAKE DR. STREET ADDRESS STREET ADDRESS CHESTERFIELD MO 63017 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition SCHALLER, PAUL NAGE NAME 101 S MEADOW DR. STREET ADDRESS STREET APOPLSS ORCHARD PARK NY 14127 CITY-ST-ZIP CITY-ST-ZiP Delete шц Change Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 exportation or the receiver or trustee empowered to execute as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RING To Which RUTH H. WERLIN 2/20/08 349-092