## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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1. Corporation	O CREST CONDOMINIUM A	<b>,</b> ,	, : : :						
Principal Place	e of Business	Mailing Address	,			P IMBILL COMIN MANN IMARE ATHEN ANDLES M	.574 19419 (1949) (1914)	<b>611 81811 31911 1831</b>	
10680 SOUTH OCEAN DR. 10680 SOUTH OCEAN DR. JENSEN BEACH FL 34957 JENSEN BEACH FL 34957-									
						3. Date Incorporated or Qualified 10/18/1979	3a. Date of La: 03/29/		
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		Suite, Apt. #, etc.			59-2089361		Not Applicable  5 Additional		
Suite, Apt. #, etc.		27		5. Certificate of Status Desired		e Required			
City & State		City & State		6. Election Campaign Financing	\$5.	00 May Be			
23		28				Trust Fund Contribution	☐ Add	ded to Fees	
Zip	Country	Zip	—	intry		8. This corporation has liability for in	ntangible tax unde Yes 🔲 No	er s. 199.032,	
24	9. Name and Address of Curre	29 nt Registered Agent	30			Florida Statutes  10. Name and Address of New Reg			
	V			81	Name		<u> </u>		
	LI, JOHN			82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)		
	O OCEAN DR - UNIT 801 BEACH FL 34957			83					
				84	City		FL 85	Zip Code	
11. Pursuant i	to the provisions of Sections 617.050	02 and 617.1508, Florida State	utes, the a	bove	-named corp	poration submits this statement for the pulion's board of directors. I hereby accept		ng its registered	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 617.0503, F	authorize Iorida Stat	d by tutes	the corporati	ion's board of directors. I hereby accep-	t the appointment	t as registered	
SIGNATURE .							DATE		
12.	Signature, typed or printed name of registered ag OFFICERS AN	pent and title II applicable. (NO ND DIRECTORS	13.	a Age	ut signature requir	red when reinstaling) ADDITIONS/CHANGES TO OFFICE		TORS IN 12	
TITLE	P	DELETE	1.1 TI	TLE			☐ Chan		
NAME	YANDOLLI, JOHN		1.2 N	AME					
STREET ADDRESS	10680 S OCEAN DRIVE		1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	JENSEN BEACH FL	DELETE		ITY-S'	T-ZIP		Chan	nge	
TITLE	V Lodise, Loretta	☐ DECEIE	2.1 TI 2.2 N				L CIAI	ige Addition	
NAME STREET ADDRESS	10680 S OCEAN DRIVE				ADDRESS				
CITY-ST-Z#P	JENSEN BEACH FL	,		ITY-S	1		,		
TITLE	D	DELETE	3.1 TI	ITLE	35	ELLY CROWE - DI	Char	nge Addition	
NAME	MOONEY, EDWARD		3.2 N	AME		# ELLY CHOWE - DI 10680 SO OCEAN DE Ensen Beach Fl	COR		
STREET ADDRESS	10880 S OCEAN DRIVE				ADDRESS C	Erren Beach Fl.	20057	7	
CITY-ST-ZIP	JENSEN BEACH FL	DELETE		ITY-S	ST-ZIP		Char	A delision	
TITLE NAMÉ	SD Metzdorff, Howard		4.1 TI 4. 2 N				L Char	ngo madition	
STREET ADDRESS	10680 S OCEAN DR				ADDRESS				
CITY-ST-ZIP	JENSEN BEACH FL			ITY-S					
TITLE	Ť	DELETE	5.1 Ti	TLE			☐ Char	nge 🔲 Addition	
NAME	BARON, JOSEPH		5.2 N	AME					
STREET ADDRESS	10680 S OCEAN DR		5.3 S	TREET	ADDRESS				
CITY - ST - ZIP	JENSEN BEACH FL	DELETE	5.4 C 6.1 T	ITY-S	T-ZIP		☐ Char	nge Addition	
TITLE			6.1 II 6.2 N					-An The Controll	
NAME STREET ADDRESS					ADDRESS				
C(TY-ST-ZIP			6,4 C	ITY-S	T-ZIP				
44 1 1 1 1	by certify that the information supplied	ed with this filing does not qua	life for the	240	motion states	d in Section 119.07(3)(i), Florida Statutes	. I further certify	that the	
Information I am an o appears i	of indicated on this annual report of afficer or director of the corporation of the Block 12 or Block 13 if changed, or Block 12 or Block 13 if changed, or Block 12 or Block 13 if changed, or Block 13 if changed, or Block 12 or Block 13 if changed, or Block 13 if changed, or Block 12 or Block 13 if changed, or Block 12 or Block 13 if changed, or Block 13 if change	supplemental annual report is or the receiver or trustee empo or or an attachment with an a	owered to didress.	exec	tute this repor	t my signature shall have the same legal rt as required by Chapter 617, Florida St	atutes; and that	my name	

**FILED** 

Feb 17 1997 8:00am

Secretary of State