2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State
01-24-2008 90031 010 ****61.25

DOCUMENT # 750683

1. Entity Name
CRESTWOOD CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
100 SE CRESTWOOD CIR STUART, FL 34997 US	100 SE CRESTWOOD CIR STUART, FL 34997 US

66007851

01092008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2257765 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KESSLER, MARTHA
114 SE CRESTWOOD CIRCLE
STUART, FL 34997

7. Name and Address of New Registered Agent

Name JOHN C. MC DANIEL
Street Address (P.O. Box Number is Not Acceptable) 100 S.E. CRESTWOOD CIRCLE
City STUART FL Zip Code 34997

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 J.C. McDaniel, PRES. 1/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GIBB, THOMAS 116 SE CRESTWOOD CIR STUART, FL 34997	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHRIS O'BRIEN 700 U.S. HWY 1, # H NORTH PALM BEACH, FL 33408	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCDANIEL, JOHN 170 SE CRESTWOOD CIRCLE STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KESSLER, MARTHA 114 SE CRESTWOOD CIRCLE STUART, FL 34997	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAT ROBB 120 S.E. CRESTWOOD CIRCLE STUART, FL 34997	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RANDY WILSON TD 700 U.S. HWY 1, # H NORTH PALM BEACH, FL 33408	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 corporation or the receiver or trustee empowered to execute this report 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: J.C. McDaniel, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #