

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-15-2001 90035 014 ****61.25

DOCUMENT # 766593

1. Entity Name

CRESCENT PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6643 MIDNIGHT PASS RD
 SARASOTA FL 34242

Mailing Address

6643 MIDNIGHT PASS RD
 SARASOTA FL 34242

49300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2447768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SNOELL, MARILYN
 6643 MIDNIGHT PASS RD
 SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	ANAS, DAVID	
STREET ADDRESS	6643 MIDNIGHT PASS ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	☐ Delete
NAME	NAY, TOM	
STREET ADDRESS	6643 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	P	☐ Delete
NAME	CREIGHTON, BECKI	
STREET ADDRESS	6643 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	☐ Delete
NAME	ARANA, JAVIER	
STREET ADDRESS	6643 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP D	☐ Delete
NAME	COLLIER, BILL	
STREET ADDRESS	6643 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001
 Date

941-921-4415
 Daytime Phone #

CR2E037 (10/00)