

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766593

1. Entity Name

CRESCENT PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6643 MIDNIGHT PASS RD
SARASOTA FL 34242

6643 MIDNIGHT PASS RD
SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

SNODELL, MARILYN
6643 MIDNIGHT PASS RD
SARASOTA FL 34242

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 NAME **D** **ANAS, DAVID** ☒ Delete
STREET ADDRESS **6643 MIDNIGHT PASS ROAD**
CITY-ST-ZIP **SARASOTA FL**

TITLE NAME **P** **NAY, TOM** ☐ Delete
STREET ADDRESS **6643 MIDNIGHT PASS RD.**
CITY-ST-ZIP **SARASOTA FL**

TITLE NAME **S** **CREIGHTON, BECKI** ☐ Delete
STREET ADDRESS **6643 MIDNIGHT PASS RD**
CITY-ST-ZIP **SARASOTA FL**

TITLE NAME **D** **ARANA, JAVIER** ☐ Delete
STREET ADDRESS **6643 MIDNIGHT PASS RD**
CITY-ST-ZIP **SARASOTA FL**

TITLE NAME **D** **COLLIER, BILL** ☐ Delete
STREET ADDRESS **6643 MIDNIGHT PASS RD**
CITY-ST-ZIP **SARASOTA FL**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME **DIRECTOR** ☐ Change ☒ Addition
STREET ADDRESS **TERESA TOOLE**
CITY-ST-ZIP **111 SUNSET DR**
WOKOMIS, FL 34275

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 to this address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

941-941-4415

Date

Daytime Phone

CR2E037 (9/01)