

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90750 016 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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		
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 65-1140043	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNODELL, 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 Accepted)	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004					
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					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
	TOOLE, TERESA	111 SUNSET DR	NOKOMIS, FL 34275	VICE PRESIDENT	PINK TUCKER
	NAY, TOM	6643 MIDNIGHT PASS RD.	SARASOTA, FL		6643 MIDNIGHT PASS
	CREIGHTON, BECKI	6643 MIDNIGHT PASS RD	SARASOTA, FL		SARASOTA, FL 34242
	ARANA, JAVIER	6643 MIDNIGHT PASS RD	SARASOTA, FL		
	COLLIER, BILL	6643 MIDNIGHT PASS RD	SARASOTA, FL		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
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 of this report, or on an attachment with an address, without other like empowerment.					
SIGNATURE: <u>Becki Creighton</u> 4-29-04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					