2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State
05-15-2006 90042 006 ****61.25

DOCUMENT # 766593

1. Entity Name
CRESCENT PLAZA CONDOMINIUM ASSOCIATION, INC.

40092145

Principal Place of Business	Mailing Address
6643 MIDNIGHT PASS RD SARASOTA, FL 34242	6643 MIDNIGHT PASS RD SARASOTA, FL 34242

04212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TOOLE, TERESA
STREET ADDRESS	111 SUNSET DR
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	VP
NAME	TUCKER, DINK
STREET ADDRESS	6637 MIDNIGHT PASS
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	P
NAME	CREIGHTON, BECKI
STREET ADDRESS	6643 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA, FL
TITLE	ST
NAME	ARANA, MARY
STREET ADDRESS	1744 VHAD DRIVE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	COLLIER, BILL
STREET ADDRESS	6643 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Mary C Allen Arana 04/25/06 941 921-4415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARY C. Allen Arana