2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 766593

1. Entity Name
CRESCENT PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2100 CONSTITUTION BLVD SARASOTA, FL 34231	2100 CONSTITUTION BLVD SARASOTA, FL 34231

DO NOT WRITE IN THIS SPACE

04272008 No Chg-NP CR2E037 (4/06)

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

CALLAHAN, SHARON A MGR
2100 CONSTITUTION BLVD
SARASOTA, FL 34231

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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, 2008

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

U00000937879
05/27/08-80067-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TOOLE, TERESA
STREET ADDRESS	P.O.1506
CITY-ST-ZIP	NOKOMIS, FL 34274
TITLE	VP
NAME	TUCKER, DINK
STREET ADDRESS	6637 MIDNIGHT PASS
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	P
NAME	CREIGHTON, BECKI
STREET ADDRESS	6627 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	ST
NAME	ARANA, MARY
STREET ADDRESS	1744 VAMO DRIVE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	COLLIER, BILL
STREET ADDRESS	6625 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA, FL 34242
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 Arana MARY A ARANA S/T 4/27/08 941-966-7757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #