

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-28-2003 90274 004 *****1.25
766593

FILED

03 MAY 19 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11018547



☐ CHECK HERE IF MAKING CHANGES

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 59-2447768	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 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (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 Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOOLE, TERESA 111 SUNSET DR NOKOMIS FL 34275 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NAY, TOM 6643 MIDNIGHT PASS RD. SARASOTA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CREIGHTON, BECKI 6643 MIDNIGHT PASS RD SARASOTA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARANA, JAVIER 6643 MIDNIGHT PASS RD SARASOTA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT/D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLIER, BILL 6643 MIDNIGHT PASS RD SARASOTA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: **TOM NAY** **4/23/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2037 (10/02)