

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 11:50

DOCUMENT # **770182** (4)
1. Corporation Name
CRESTWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4381 CAROL ANN RD
SARASOTA FL 34233**

Mailing Address
**4381 CAROL ANN RD
SARASOTA FL 34233**

3. Date Incorporated or Qualified 09/12/1983	3a. Date of Last Report 02/28/1994
4. FEI Number 59-2391486	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21. 5550 Bee Ridge Road Suite, Apt. #, etc. 22. Suite E-3 City & State 23. Sarasota FL Zip 24. 34233	2a. Mailing Address 26. 5550 Bee Ridge Road Suite, Apt. #, etc. 27. Suite E-3 City & State 28. Sarasota FL Zip 29. 34233
Country 25. USA	Country 30. USA

9. Name and Address of Current Registered Agent CRINCIC, LADDIE 5348 CRESTLAKE BLVD SARASOTA FL 34233	10. Name and Address of New Registered Agent 81. Name Management Concepts of Sarasota County, Inc. 82. Street Address (P.O. Box Number is Not Acceptable) 5550 Bee Ridge Road, Suite E-3 83. 84. City Sarasota 85. Zip Code FL 34233
---	---

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *James Young* Managing Agent *4/6/95*
Signature, typed or printed name of registered agent and if applicable (NOTE: Registered agent signature required when stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAMANNA, LINDA 5359CRESTLAKE BLVD SARASOTA FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	SD DEWIT, CHARLES 5332 CRESTLAKE BLVD SARASOTA FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BAADER, PAM 5371 CRESTLAKE BLVD SARASOTA FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COTTONE, JOYCE 5374 CRESTLAKE BLVD SARASOTA FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RAND, WENDELL 5429 PAMELA WOOD WAY SARASOTA FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRINCIC, LADDIE 5348 CRESTLAKE BLVD SARASOTA FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	VD FRITH, CHARLES 5321 PAMELA WOOD WAY SARASOTA FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Pam Baader* *4/6/95 813-371-5200*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone/Fax #)