

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business Mailing Address
**5550 BEE RIDGE ROAD
SUITE E-3
SARASOTA FL 34233
US**

3. Date Incorporated or Qualified **09/12/1983** 3a. Date of Last Report **04/12/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **570 57th AVE WEST** 26 **PO BOX ADI PROPERTY**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **#107** 27 **PO BOX 10714**
City & State City & State
23 **BRADENTON, FL** 28 **BRADENTON FL**
Zip Country Zip Country
24 **34207** 25 **USA** 29 **34282** 30 **US**

9. Name and Address of Current Registered Agent
**MANAGEMENT CONCEPTS OF SARASOTA COUNTY INC
5550 BEE RIDGE ROAD
SUITE E-3
SARASOTA FL 34233**

10. Name and Address of New Registered Agent
81 Name **BOB MARONE**
82 Street Address (P.O. Box Number is Not Acceptable)
570 57th AVE WEST
83 **#107**
84 City **BRADENTON** FL 85 Zip Code **34207**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **BOB MARONE** *Bob Marone* (NOTE: Registered Agent signature required when reinstating.)
Date **4/8/96**

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
SD DEWIT, CHARLES 5333 CRESTLAKE BLVD SARASOTA FL ☒ DELETE
PD BAADER, PAM 5371 CRESTLAKE BLVD SARASOTA FL ☐ DELETE
D COTTONE, JOYCE 5374 CRESTLAKE BLVD SARASOTA FL ☒ DELETE
TD RAND, WENDELL 5429 PAMELA WOOD WAY SARASOTA FL ☒ DELETE
VD FRITH, CHARLES 5321 PAMELA WOOD WAY SARASOTA FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME **JIM J. WALTON**
1.3 STREET ADDRESS **5339 PAMELA WOOD WAY**
1.4 CITY-ST-ZIP **SARASOTA, FL 34233**
2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE **VD** ☐ Change ☒ Addition
3.2 NAME **CRINCIG, LADDIE J.**
3.3 STREET ADDRESS **5348 CRESTLAKE BLVD**
3.4 CITY-ST-ZIP **SARASOTA, FL 34233**
4.1 TITLE **TD** ☐ Change ☐ Addition
4.2 NAME **VERKLER, SHIRLEY**
4.3 STREET ADDRESS **5416 CRESTLAKE BLVD**
4.4 CITY-ST-ZIP **SARASOTA, FL 34233**
5.1 TITLE **SD** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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 on an attachment with an address.

SIGNATURE: **JIM WALTON** *Jim Walton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/8/96** Daytime Phone # **377-7879**

CR2E037 (12/95)