

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770182

1. Entity Name

CRESTWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90105 034 ****61.25

Principal Place of Business

Mailing Address

~~2100 CONSTITUTION BL~~
~~113~~
SARASOTA FL 34231
US

~~2100 CONSTITUTION BL~~
~~113~~
SARASOTA FL 34231-4146
US

2. Principal Place of Business

3. Mailing Address

2477 STICKNEY PT RD
Suite, Apt. #, etc.
118A

2477 STICKNEY PT RD
Suite, Apt. #, etc.
118A

City & State

City & State

SARASOTA FL

SARASOTA FL

Zip

Country

Zip

Country

34231

34231

4. FEI Number

59-2391486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASARCH, LARRY

2100 CONSTITUTION BL
SARASOTA FL 34231

Name

Street Address (P.O. Box Number is Not Acceptable)

2477 STICKNEY POINT RD

118A

City

SARASOTA

FL

Zip Code

34231

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HOTCHKISS, ROGER
STREET ADDRESS 5433 PAMELA WOOD WY
CITY-ST-ZIP SARASOTA FL 34233

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME GERI, FRANK
STREET ADDRESS 5315 PAMELA WOOD WY
CITY-ST-ZIP SARASOTA FL 34233

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME VERKLER, SHIRLEY
STREET ADDRESS 5416 CRESTLAKE BLVD
CITY-ST-ZIP SARASOTA FL

☒ Delete

TITLE SD
NAME MURPHY, BARBARA
STREET ADDRESS 5357 PAMELA WOOD WY
CITY-ST-ZIP SARASOTA FL 34233

☐ Change ☒ Addition

TITLE TD
NAME CAROL, KATHY
STREET ADDRESS 5422 CRESTLANE BL
CITY-ST-ZIP SARASOTA FL 34233

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME DEWIT, CHARLES
STREET ADDRESS 5332 CHESTLAKE BLVD
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AS
NAME ASARCH, LARRY
STREET ADDRESS 2100 CONSTITUTION BL
CITY-ST-ZIP SARASOTA FL 34231

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00 941 927 6464

Date

Daytime Phone #

CPRE037 (9/99)