# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 03, 2006 8:00 am**
**Secretary of State**
03-03-2006 90119 047 ****61.25

DOCUMENT # 770182

1. Entity Name

CRESTWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2477 STICKNEY PT RD<br>118 A<br>SARASOTA FL 34231<br>US | 2477 STICKNEY PT RD<br>118 A<br>SARASOTA FL 34231<br>US |

50000878

1st MOORE CR2E037 (10/05)

| 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 59-2391486 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ASARCH, LARRY
2477 STICKNEY POINT RD
118 A
SARASOTA FL 34231

**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 _____
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**
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WALTON, JAMES<br>5339 PAMELA WOOD WAY<br>SARASOTA FL 34233 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>FRANK, FRED<br>5315 PAMELA WOOD WY<br>SARASOTA FL 34233 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GRAYELL, WM<br>4347 BRITTANY LN<br>SARASOTA FL 34233 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BOYCE, JAN<br>4329 BRITTANY LANE<br>SARASOTA FL 34233 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BAADER, PAM<br>5377 CHESTLAKE BLVD<br>SARASOTA FL 34233 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>ASARCH, LARRY<br>2477 STICKNEY PT RD 118A<br>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 exemptions contained in Section 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:** LARRY ASARCH 2/21/06 941 927 6464