2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#770182

FILED Feb 10, 2009 Secretary of State

Entity Name: CRESTWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2477 STICKNEY PT RD 1801 GLENGARY ST. 1ST FLR. 118 A SARASOTA, FL 342413637 US

SARASOTA, FL 34231 US

US

SARASOTA, FL 34231

Current Mailing Address: New Mailing Address:

2477 STICKNEY PT RD 1801 GLENGARY ST. 1ST FLR. SARASOTA, FL 342413637 US

FEI Number: 59-2391486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GEFFORD, DEBRA

2477 STICKEY PORT RD. 118A

118 A

SARASOTA, FL 34231 US

PROGRESSIVE COMMUNITY MANAGEMENT, INC.
1801 GLENGARY ST. 1ST FLR.
SARASOTA, FL 342313637 US

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: STEVEN B. CHERNICK 02/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: T () Delete Title: () Change () Addition

Name: GARDNER, SHERRI Name:
Address: 5356 CRESTLAKE BLVD. Address:
City-St-Zip: SARASOTA, FL 34233 City-St-Zip:

Title: SEC () Delete Title: () Change () Addition

 Name:
 GRAYNELL, WILLIAM
 Name:

 Address:
 4347 BRITTANY LANE
 Address:

 City-St-Zip:
 SARASOTA, FL 34233
 City-St-Zip:

 $\label{eq:title:P} {\sf Title:} \qquad {\sf P} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf P} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$

Name:KROL, MARIANNEName:KRAL, MARIANNEAddress:5341 CRESTLAKE BLVD.Address:5341 CRESTLAKE BLVD.City-St-Zip:SARASOTA, FL 34233City-St-Zip:SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIANNE KRAL PRES 02/10/2009