

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90033 045 \*\*\*\*61.25

**DOCUMENT # N00297**

1. Entity Name

**CRESAP ARMS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**438 NW 15TH ST  
 GAINESVILLE FL 32603  
 US**

Mailing Address

**438 NW 15TH ST  
 GAINESVILLE FL 32603  
 US**

2. Principal Place of Business

**3615 NW 51<sup>ST</sup> TERRACE  
 Suite, Apt. #, etc.**

3. Mailing Address

**3615 NW 51<sup>ST</sup> TERRACE  
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**GAINESVILLE, FL**

City & State

**GAINESVILLE, FL**

4. FEI Number

**59-2442003**

Applied For

Not Applicable

Zip

**32606**

Country

**USA**

Zip

**32606**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KRALJEV, BENJAMIN, JR.  
 4255 SOUTH ATLANTIC AVENUE  
 DAYTONA BEACH FL 32019**

7. Name and Address of New Registered Agent

Name

**EUGENE E. LENHART**

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

**3615 NW 51<sup>ST</sup> TERRACE**

City

**GAINESVILLE**

FL

Zip Code

**32606**

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 **EUGENE E. LENHART, PD**  
 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

TITLE **PTD** ☒ Delete  
 NAME **KIRSCH, KAREN R**  
 STREET ADDRESS **438 NW 15TH ST**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VPSD** ☒ Delete  
 NAME **BARTOLOMOLE RYAN**  
 STREET ADDRESS **442 NW 15TH ST**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☒ Delete  
 NAME **ROSS, ANTOINETTE**  
 STREET ADDRESS **450 ANCHORAGE DR**  
 CITY-ST-ZIP **NOKOMIS FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
 NAME **EUGENE E. LENHART**  
 STREET ADDRESS **3615 NW 51<sup>ST</sup> TERRACE**  
 CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **VPD** ☐ Change ☒ Addition  
 NAME **RUPERT COUCH**  
 STREET ADDRESS **8871 Runnymede Road**  
 CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **CHAD WEAVER**  
 STREET ADDRESS **422 NW 15<sup>TH</sup> Street**  
 CITY-ST-ZIP **Gainesville, FL 32603**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **Joy CAANGAY**  
 STREET ADDRESS **434 NW 15<sup>TH</sup> Street**  
 CITY-ST-ZIP **Gainesville, FL 32603**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **EUGENE E. LENHART, PD** **1-16-01** (352) 335-7243  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0020233

CR2E037 (10/00)