

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002539

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** CRESTVIEW PLACE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4161 TAMIAMI TRAIL  
STE 501  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

4161 TAMIAMI TRAIL  
STE 501  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 20-1370031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LORICCO, CARLO J  
4161 TAMIAMI TRAIL  
SUITE 501  
PORT CHARLOTTE, FL 33952 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LORICCO, CARLO J  
Address: 4161 TAMIAMI TRAIL SUITE 501  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete  
Name: MORET, FRANS  
Address: 318 TAMIAMI TRL  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete  
Name: VAN GUCHT, HERMAN  
Address: 318 TAMIAMI TRL  
City-St-Zip: PUNTA GORDA, FL 33950

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CARLO J LORICCO

PD

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date