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 Current Mailing Address: New Mailing Address: PORT CHARLOTTE, FL 33952 FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name: Address: Name: Name: () Change () Addition Name: Address: Name: Name: Name: () Change () Addition Name: Na	,			,		
STE 501 PORT CHARLOTTE, FL 33952 Current Mailing Address: 4161 TAMIAMI TRAIL STE 501 PORT CHARLOTTE, FL 33952 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 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or b in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIREC Title: PD () Delete Name: LORICCO, CARLO J Name: Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33950 City-St-Zip: PORT CHARLOTTE, FL 33950 City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: Title: () Change () Addition Name: Address: Addre	Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
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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