

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90036 041 ****61.25

DOCUMENT # N06000001943

1. Entity Name
CRESCENT, SIESTA KEY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**6512 MIDNIGHT PASS ROAD
SARASOTA, FL 34242**

Mailing Address
**6512 MIDNIGHT PASS ROAD
SARASOTA, FL 34242**

2. Principal Place of Business - No P.O. Box #
2477 Strenuous Pt Rd

3. Mailing Address
2477 Strenuous Pt Rd



04182008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.
STE 110A

Suite, Apt. #, etc.
STE 110A

City & State
Sarasota

City & State
Sarasota

4. FEI Number
20-4427393

Applied For
Not Applicable

Zip
FL

Country
US

Zip
FL

Country
US

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

6. Name and Address of Current Registered Agent

**LITTLE, THOMAS M
100 NORTH TAMPS STREET, SUITE 2700
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name
Argus Property Mgmt
Street Address (P.O. Box Number is Not Acceptable)
2477 Strenuous Pt Rd
Suite 110A
City
Sarasota FL Zip Code
34231

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

Randy Shaw

4/28/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
HEINBERG, C. JOE
777 SOUTH HARBOUR ISLAND BOULEVARD STE 925
TAMPA, FL 33602** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
KERNS, LINDA S
777 SOUTH HARBOUR ISLAND BOULEVARD STE 925
TAMPA, FL 33602** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
MOSTOLLER, HOLLY
777 SOUTH HARBOUR ISLAND BOULEVARD STE 925
TAMPA, FL 33602** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
Olson, Paul
PO Box 2936
Breckenridge, CO 80424** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
Pearsall, Peter
417 River St
Minneapolis, MN 55401** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
De Boer, Arjen
18242 Beaumont Trl
Eden Prairie, MN 55347** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Bavol, Walter
7852 Saddle Creek Trl
Sarasota, FL 34241** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Livingston, Sheryl
1003 Parchment Dr.
Grand Rapids, MI 49546** ☐ Change ☒ Addition

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 Chapter 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:

Paul Olson

4/27/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #