

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001943

FILED
Apr 13, 2009
Secretary of State

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

Current Principal Place of Business:

2477 STRICKWAY PT RD
STE 118A
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

2477 STRICKWAY PT RD
STE 118A
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 20-4427393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGUS PROPERTY MGMT
2477 STRICKWAY PT RD
STE 118A
SARASOTA, FL 34231 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: P () Delete
Name: OLSON, PAUL
Address: PO BOX 2936
City-St-Zip: BRECKENRIDGE, CO 80424

Title: T () Delete
Name: PERSON, PETER
Address: 417 RIVER ST
City-St-Zip: MINNEAPOLIS, MN 55401

Title: S () Delete
Name: DE BOER, ARJEN
Address: 18242 BEAR PUT TRAIL
City-St-Zip: EDEN PRAIRIE, MN 55347

Title: D () Delete
Name: WALKER, BAVOL
Address: 7852 SADDLE CREEK TR
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: LIVINGSTON, SHERYL
Address: 1003 PARAMOUNT DR
City-St-Zip: GRAND RAPIDS, MI 49546

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: LIVINGSTON, SHERYL
Address: 1003 PARCHMENT DRIVE
City-St-Zip: GRAND RAPIDS, MI 49546

Title: D (X) Change () Addition
Name: WILSON, DAN
Address: 2954 DIAMONDCUT DRIVE
City-St-Zip: COLUMBUS, OH 43231

Title: D (X) Change () Addition
Name: CHADBOURN, PAUL
Address: 22 BLUE JAY LANE
City-St-Zip: NORTH OAKS, MN 55127

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: PAUL OLSON

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date