**FILE NOW: FILING FEE IS $61.25**

# FILED
# Mar 09 1998 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29648** **(5)**

1. Corporation Name

**THE CRESTVIEW CONDOMINIUM ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 265 AIRPORT RD. S.<br>NAPLES FL 33942 | 265 AIRPORT RD. S.<br>NAPLES FL 33942 |

3. Date Incorporated or Qualified: 12/12/1988

4. FEI Number: 65-0162317 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Condominium ☐ Yes ☐ No Association

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 273 Airport Road South | 26 273 Airport Rd. South |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 Naples, FL 34104 | 28 Naples, FL 34104 |
| 24 Zip 34104 / 25 Country USA | 29 Zip 34104 / 30 Country USA |

**9. Name and Address of Current Registered Agent**

R&P MANAGEMENT ASSOC.
265 AIRPORT ROAD, SOUTH
NAPLES FL 33942

**10. Name and Address of New Registered Agent**

81 Name: Marilyn Green Properties
82 Street Address (P.O. Box Number is Not Acceptable): 273 Airport Road South
83
84 City: Naples **FL** 85 Zip Code: 34104

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Marilyn Green Marilyn Green 2/23/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BAUM, JIM<br>9836 LUNA CIRCLE F-204<br>NAPLES FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ATD<br>Kennedy, Jr. William<br>9848 Luna Circle C-101<br>Naples, FL 34109 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>THOMPSON, DAVID<br>9844 LONA CIR., D102<br>NAPLES FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>SCHRIWER, BIRTE<br>9852 LUNA CIRCLE B-204<br>NAPLES FL 33942 | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | VPD<br>Shields, Shirley<br>9848 Luna Circle C-204<br>Naples, FL 34109 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HILL, JOHN<br>9844 LUNA CIRCLE D-201<br>NAPLES FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LAWTON, GORDON<br>9856 LUNA CIR., A-101<br>NAPLES FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | TD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Daniel S. Brainerd JR. 2/19/98 941-566-9360