FILE NOW: FILING FEE IS $61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90139 029 ****61.25

0063596

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29648**

1. Corporation Name
THE CRESTVIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
273 AIRPORT RD SOUTH NAPLES FL 34104 US	273 AIRPORT RD SO NAPLES FL 34104 US

2. Principal Place of Business 21 9855 LUNA CIRCLE	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/12/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0162317 ☐ Applied For ☐ Not Applicable
City & State 23 NAPLES, FL	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 34104 25 COLLIER	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MARILYN GREEN PROPERTIES
273 AIRPORT RD SO
NAPLES FL 34104

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ATD	☐ DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	KENNEDY, JR W		1.2 NAME		
STREET ADDRESS	9848 LUNA CIRCLE C101		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	THOMPSON, DAVID		2.2 NAME	THOMAS, CASSANDRA	
STREET ADDRESS	9844 LONA CIR., D102		2.3 STREET ADDRESS	9832 LUNA CIRCLE, G103	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHEILDS, SHIRLEY		3.2 NAME		
STREET ADDRESS	9848 LUNA CIR C 204		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HILL, JOHN		4.2 NAME		
STREET ADDRESS	9844 LUNA CIRCLE D-201		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	ATD	☐ Change ☒ Addition
NAME	LAWTON, GORDON		5.2 NAME	BRENNER, RONALD	
STREET ADDRESS	9856 LUNA CIR., A-101		5.3 STREET ADDRESS	9844 LUNA CIRCLE, D202	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/26/99 9416490520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #