2004 NOT-FOR-PROFIT CORPORATION

Apr 28, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # N29648** 04-28-2004 90189 027 ****61.25 THE CRESTVIEW CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 1044 CASTELLO DR 9855 LUNA CIRCLE NAPLES, FL 34104 US #206 NAPLES, FL 34103 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03192004 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0162317 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SW PROPERTY MGMT Street Address (P.O. Box Number is Not Acceptable) 1044 CASTELLO DR STE 206 NAPLES, FL 34103 City Zip Code 200 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1Q 10. 11. Change ☐ Delete TITLE Addition TITLE SOLOMON, HERBERT NAME NAME 9844 LUNA CIRCLE #D-103 STREET ADDRESS Luna Circle E-203 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES, FL 34109 STD Change Addition TITLE ☐ Delete TITLE NAME DOUGHERTY, JOHN NAME Olga Circle E202 Glover 9836 LUNA CIRCLE #F-104 STREET ADDRESS STREET ADDRESS 9840 Lana CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34109 14185, FL 34109 VD ☐ Change TITLE Delete TITLE ★ Addition Besso Marc 9832 Luna Circle G-102 BIANCHI, JUNE NAME NAME 9840 LUNA CIRCLE #E-101 STREET ADDRESS STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-ZIP NAPLES FC ☐ Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR

Jenni M. Groyon PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

Addition

FILED