2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90062 012 ****61.25

DOCUMENT # N29648

1. Entity Name
THE CRESTVIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9855 LUNA CIRCLE NAPLES, FL 34104 US	~~4980 TAMIAMI TR NORTH~~ ~~SUITE 101~~ ~~NAPLES, FL 34103~~ US

04042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	PO BOX 112240
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: NAPLES, FL
Zip / Country	Zip: 34108 / Country: COLLIER

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STOCK PROPERTY MANAGEMENT, LLC 4980 TAMIAMI TR NORTH SUITE 101 NAPLES, FL 34103	Name: JOHN B. BLANCHARD Street Address (P.O. Box Number is Not Acceptable): 1337 EGRETS LANDING #102 City: NAPLES FL Zip Code: 34108

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: JOHN B BLANCHARD
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, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS HERB, SOLOMON 9844 LUNA CIR D103 NAPLES, FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DOUGHERTY, JOHN 9836 LUNA CIRCLE NAPLES, FL 34109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT DOWNER, MARLENE 9856 LUNA CIR A204 NAPLES, FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST McCORMACK, MICHAEL 9828 LUNA CIRCLE H104 NAPLES, FL 34109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VENTURINO, GAIL 9848 LUNA CIR C202 NAPLES, FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BESSO, MARC 9832 LUNA CIRCLE G102 NAPLES, FL 34109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VENTURINO, FRANK 9832 LUNA CIR C202 NAPLES, FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLOVER, OLGA 9840 LUNA CIRCLE E202 NAPLES, FL 34109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BESSO, MARC 9832 LUNA CIRCLE G-102 NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWOPE, JOSEPH 9844 LUNA CIRCLE D-202 NAPLES, FL 34109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DOWNER, MARLENE 9856 LUNA CIR, A-204 NAPLES, FL 34109	☒ Delete	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: [signature] 4-4-07 232-596-5507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #