FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:45

DOCUMENT # **N31024** **(5)**

1. Corporation Name

CRESTWOOD VILLAS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O LIGHTHOUSE MANAGEMENT & REALTY 830 S. TAMIAMI TRAIL OSPREY FL 34229	C/O LIGHTHOUSE MANAGEMENT & REALTY 830 S. TAMIAMI TRAIL OSPREY FL 34229

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1989
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2391486 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LIGHTHOUSE MANAGEMENT AND REALTY
830 S. TAMIAMI TRAIL
OSPREY FL 34229

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 607.0502 and 607.1508, 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 607.0505, 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	VD	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	JACOBSON, GORDON	1.2 NAME	Bachauer, Albert	
STREET ADDRESS	5750 MIDNIGHT PASS RD.	1.3 STREET ADDRESS	5338 Creshlake Blvd.	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL	
TITLE	PD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	WICK, DAVE	2.2 NAME	Townsend, Dan	
STREET ADDRESS	4270 BRITTANY LANE	2.3 STREET ADDRESS	5374 Christie Ann PL	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL	
TITLE	TD	3.1 TITLE	VTD	☑ Change ☐ Addition
NAME	WADE, JOHN	3.2 NAME	Porteous, James	
STREET ADDRESS	5385 KELLY DR	3.3 STREET ADDRESS	5397 Christie Ann PL	
CITY-ST-ZIP	SARASOTA FL 34233	3.4 CITY-ST-ZIP	Sarasota, FL	
TITLE	SD	4.1 TITLE	STD	☑ Change ☐ Addition
NAME	SILVERMAN, LIONEL	4.2 NAME	Silverman, Lionel	
STREET ADDRESS	5331 KELLY DR	4.3 STREET ADDRESS	5331 Kelly Dr.	
CITY-ST-ZIP	SARASOTA FL 34233	4.4 CITY-ST-ZIP	Sarasota, FL	
TITLE	ASD	5.1 TITLE		☐ Change ☐ Addition
NAME	KEITH, LLOYD	5.2 NAME		
STREET ADDRESS	830 S TAMIAMI TR	5.3 STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL 34229	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change ☑ Addition
NAME		6.2 NAME	Boresen, John	
STREET ADDRESS		6.3 STREET ADDRESS	5358 Pamela Wood Way	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Sarasota, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: J.L. KEITH 3-29-95 813 966 6844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0018131