FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N31024 (5)

1. Corporation Name
CRESTWOOD VILLAS PROPERTY OWNERS ASSOCIATION, IN C.

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~~

3. Date Incorporated or Qualified: 03/07/1989
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business
21 Miller Management Svcs, Inc
22 Suite, Apt. #, etc. 2828 Proctor Road
23 City & State: Sarasota, FL
24 Zip: 34231
25 Country: Sarasota

2a. Mailing Address
26 Miller Management Svcs,Inc
27 Suite, Apt. #, etc. 2828 Proctor Road
28 City & State: Sarasota, FL
29 Zip: 34231
30 Country: Sarasota

4. FEI Number: 59-2391486 ☐ 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

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: Miller Management Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 2828 Proctor Road
83
84 City: Sarasota FL 85 Zip Code: 34231

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.

X SIGNATURE: Deborah K. Miller — 4/25/96
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DACHAVER, ALBERT		1.2 NAME	Robert Petrone	
STREET ADDRESS	5338 CRESTLAKE BLVD.		1.3 STREET ADDRESS	5416 Pamela Wood Way	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, FL 34233	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	TOWNSEND, DAN		2.2 NAME	Larry Mercer	
STREET ADDRESS	5374 CHRISTIE ANN PL		2.3 STREET ADDRESS	5311 Kelly Drive	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Sarasota, FL 34233	
TITLE	VTD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	PORTEOUS, JAMES		3.2 NAME	Sally K. Trueblood	
STREET ADDRESS	5397 CHRISTIE ANN PL		3.3 STREET ADDRESS	5370 Kelly Drive	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Sarasota, FL 34233	
TITLE	STD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	SILVERMAN, LIONEL		4.2 NAME	Albert Dachauer	
STREET ADDRESS	5331 KELLY DR		4.3 STREET ADDRESS	5338 Crestlake Blvd.	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	Sarasota, FL 34233	
TITLE	ASD	☒ DELETE	5.1 TITLE	ASD	☒ Change ☐ Addition
NAME	KEITH, LLOYD		5.2 NAME	Len Patlen	
STREET ADDRESS	830 S TAMIAMI TR		5.3 STREET ADDRESS	5436 Kelly Drive	
CITY-ST-ZIP	OSPREY FL 34229		5.4 CITY-ST-ZIP	Sarasota, FL 34233	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BORRESEN, JOHN		6.2 NAME		
STREET ADDRESS	5358 PAMELA WOOD WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP		

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.

X SIGNATURE: [signature] — 4/12/96 — 941-923-5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)