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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
MILLER MANAGEMENT SVC IN 2828 PROCTOR ROAD SARASOTA FL 34231 US	MILLER MANAGEMENT SVSC.INC 2828 PROCTOR ROAD SARASOTA FL 34231-6423 US

3. Date Incorporated or Qualified: 03/07/1989
3a. Date of Last Report: 05/01/1996

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

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

MILLER MANAGEMENT SERVICES INC
2828 PROCTOR ROAD
SARASOTA FL 34231

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	~~PD~~	☐ DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	~~ROBERT PETRONE~~		1.2 NAME	CEPPOS, GERALD	
STREET ADDRESS	~~5416 PAMELA WOOD WAY~~		1.3 STREET ADDRESS	4269 Carol Ann Road	
CITY-ST-ZIP	SARASITA FL		1.4 CITY-ST-ZIP		
TITLE	~~VD~~	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	MERCER, LARRY		2.2 NAME		
STREET ADDRESS	5311 KELLY DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SALLY K. TRUEBLOOD		3.2 NAME		
STREET ADDRESS	5370 KELLY DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~ALBERT DACHAUER~~		4.2 NAME	MATHESON, RICHARD	
STREET ADDRESS	~~5338 CRESTLAKE BLVD~~		4.3 STREET ADDRESS	4268 Brittany Lane	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	ASD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEN PATLEN		5.2 NAME		
STREET ADDRESS	5436 KELLY DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
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		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Gerald Ceppos, Treasurer 4-17-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000000