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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31024

1. Corporation Name

CRESTWOOD VILLAS PROPERTY OWNERS ASSOCIATION, IN C.

Principal Place of Business

C/O P.A.M.I.
2055 WOOD STREET, SUITE 202
SARASOTA FL 34237
US

Mailing Address

C/O P.A.M.I.
2055 WOOD STREET, SUITE 202
SARASOTA FL 34237
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/07/1989

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

9. Name and Address of Current Registered Agent

PROPERTY AND ACCOUNTING MANAGEMENT, INC.
2055 WOOD STREET
SUITE 202
SARASOTA FL 34237

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME CEPPOS, GERALD
STREET ADDRESS 4269 CAROL ANN RD.
CITY-ST-ZIP SARASOTA FL

TITLE VP
NAME ANDERSON, G
STREET ADDRESS 5429 CRESTLAKE BLVD
CITY-ST-ZIP SARASOTA FL

TITLE D
NAME SALLY K. TRUEBLOOD
STREET ADDRESS 5370 KELLY DRIVE
CITY-ST-ZIP SARASOTA FL

TITLE D
NAME FEENEY, B
STREET ADDRESS 5321 CRESTLAKE BLVD
CITY-ST-ZIP SARASOTA FL

TITLE PD
NAME WHITFORD, A
STREET ADDRESS 5435 KELLY DR
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T/D
1.2 NAME Ceppos, Gerald
1.3 STREET ADDRESS 4269 Carol Ann Rd.
1.4 CITY-ST-ZIP Sarasota, FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE S/D
3.2 NAME Jay Fath
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)