## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: S

DOCUMENT # N31024 NOTE: NAME CHANGE  1. Entity Name					FILED Apr 27, 2000 8:00 am				
CRESTWOOD VILLAS PROPERTY CHANERS ASSOCIATION, INC. OF SARASOTA MULTI CONDO					Apr 27, 2000 8:00 am Secretary of State 04-27-2000 90109 017 ****61.25				
Principal Place of Business Mailing Address									
205 P.A.M.L. 2055 WOOD STREET. SUITE 202- SABASOTA FL 34237 US		C/O P.A.M.I. 2055 WOOD STREET SUITE 202 SARASOTA FL 34231-1829			]   	& V V <u>/</u> 	, A T A E		
2. Principal Place of Business  O ADVANCED MANAGEMT INC  Suite, Apt. #, etc.  Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
5899 WHITFIELD AVE \$107					4 551A) when			1 145	aliad For
City & Stat		City & State			4. FEI Number 59-2391486 Applied For Not Applicable				
Zip 34	243 SARASOTA	Zip	Count	try	5. Certificate of	Status Desired		. <b>75</b> Addi Required	
	6. Name and Address of Current F	Registered Agent			-7. Name and A	ddress of New Re	gistered Age	nt -	
PROPERTY AND ACCOUNTING MANAGEMENT, INC. 2055 WOOD STREET SUITE 202 SARASOTA FL 34237				Name Advanced Hanacement of SW Florida  Street Address (P.O. Box Number is No) Acceptable)  5899 Whitfield Afric.  Suite 107  City Sarasota  FL Zip Code 34243					
8. The above	named entity submits this statement for	the purpose of changing its	registered	office or register	red agent, or both,	in the state of Flori	da.		
SIGNATURE Tudith K Phavo Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)  date									
FILE NOW: 9. Election Campaign Fire IS \$61.25 Trust Fund Contribution				Added to Fees Department of State					
10.	OFFICERS AND DIR		11.	<del></del>	ADDITIONS/CHAN	IGES TO OFFICER			10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CEPPOS, GERALD 4269 CAROL ANN RD. SARASOTA FL	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				Change	
TITLE  NAME  STREET ADDRESS  - CITY-ST-ZIP	VP ANDERSON, G 5429 CRESTLAKE BLVD SARASOTA FL	X Delete	TITLE NAME STREET CITY-S	ADDRESS 4	VPD LCK Shrad 160 Bri Sarasota,	qer Hany han FL 342	سو.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FATH, JAY 5370 KELLY DRIVE SARASOTA FL	<b>⊠</b> Delete	TITLE NAME STREET CITY-S	ADDRESS 5	rt Shutt 444 Kelli arasota,	Drive FL 342		Change -	<b>∑</b> Addition ∴
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEENEY, B 5321 CRESTLAKE BLVD SARASOTA FL	□ Delete	TITLE NAME STREET CITY-S	ADDRESS 4	$\mathbf{A}$	iny hane		Change	<b>⊠</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITFORD, A 5435 KELLY DR SARASOTA FL	☐ Dølete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				Change	Addition
indicated of the co	certify that the information supplied with I on this report or supplemental report is rporation or the receiver or trustee empor , or on an attachment with an address, w	true and accurate and that n wered to execute this report	ny signatur as <u>re</u> quire	re shall have the	same legal ettect a	is it made under oa	ith: that I am a	ın officer (	ordirector l