2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am **DOCUMENT # N31024 Secretary of State** 1. Entity Name CRESTWOOD VILLAS OF SARASOTA MULTI-CONDOMINIUM A 03-25-2002 90095 014 ****61.25 SSOCIATION, INC. Principal Place of Business Mailing Address C/O ADVANCED MANAGEMT INC 5899 WHITFIND AVE #107 SARASOTA FL 34243 C/O ADVANCED MANAGEMT INC 5899 WHITHELD AVE #107 SARASOTA FT 34243 US 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2391486 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADVANCED MANAGEMT OF SW FL 5899 WHITFIELD AVE SUITE 107 SARASOTA FL 34243 8. The above named entity submits this ment for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) $\zeta \dot{\zeta}$ 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01) TITLE **D**elete TITLE ☐ Change CEPPOS, GERALD NAME NAME 4269 CAROL ANN RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP SD TITLE Delete TITLE ☐ Change **Addition** DECHAUER, AL NAME NAME 5435 CRESTLAKE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 ☐ Change ☐ Addition Delete TITLE SWARTZENTRUDER, ORLEY NAME NAME 5433 CRESTLAKE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 ☐ Change ☐ Addition TITLE Delete TITLE BROWN, BOB NAME 4181 BRITTANY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP ☐ Change Delete JOAN KLEIN WHITFORD, A NAME 5435 KELLY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 report or supplemental 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 10 or Block 11 if

SIGNATURE: SIGNATURE:

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