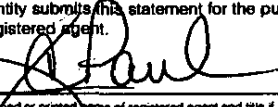
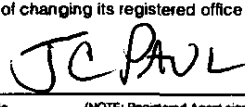
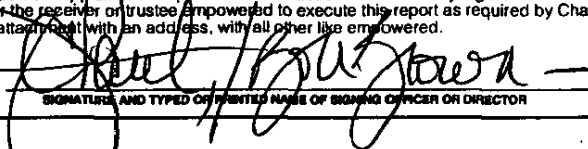


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90010 016 ****61.25

DOCUMENT # N31024					
1. Entity Name CRESTWOOD VILLAS OF SARASOTA MULTI-CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business AMI 9031 TOWN CENTER PKWY BRADENTON, FL 34202 US			Mailing Address AMI 9031 TOWN CENTER PKWY BRADENTON, FL 34202 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2391486	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ADVANCED MANAGENT OF SW FL 9031 TOWN CENTER PKWY BRADENTON, FL 34202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.		 (NOTE: Registered Agent signature required when reinstating)		DATE 1-21-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUND, FREDERICK 5432 PAMELA WOOD WAY SARASOTA, FL 34233	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JIM DOUGLASS TREAS 5429 CRESTLAKE BLVD. SARASOTA, FL 34233	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARTHUR, ELIZABETH 5437 KELLY DR SARASOTA, FL 34233	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVE NICKERSON 4134 BRITTANY LN SARASOTA, FL 34233	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWARTZENTRUDER, ORLEY 5433 CRESTLAKE BLVD SARASOTA, FL 34233	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VP ARTHUR SANK 5365 KELLY DR SARASOTA, FL 34233	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, BOB 4181 BRITTANY LANE SARASOTA, FL 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. KAY JOHNSON 4245 CAROL ANN RD SARASOTA, FL 34233	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, JOAN 5329 CRESTLAKE BLVD SARASOTA, FL 34233	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. 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 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 #					