2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90353 027 ****61.25

DOCUMENT # N31024

1. Entity Name
CRESTWOOD VILLAS OF SARASOTA
MULTI-CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
AMI 9031 TOWN CENTER PKWY BRADENTON, FL 34202 US	AMI 9031 TOWN CENTER PKWY BRADENTON, FL 34202 US

04032006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
DELLCOR MANAGEMENT, INC	DELLCOR MANAGEMENT, INC.
Suite, Apt. #, etc. 310 PEARL AVE	Suite, Apt. #, etc. 310 PEARL AVE
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34243 Country USA	Zip 34243 Country USA

4. FEI Number 59-2391486 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, DOUGLAS E
C/O ADVANCED MANAGEMENT, INC
9031 TOWN CENTER PKWY
BRADENTON, FL 34202

7. Name and Address of New Registered Agent

Name DELLCOR MANAGEMENT, INC.
Street Address (P.O. Box Number is Not Acceptable) 310 PEARL AVE.
City SARASOTA FL Zip Code 34243

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 _____ DANIEL DELL'ARMI 4/4/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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	T DOUGLASS, JIM 5429 CRESTLAKE BLVD. SARASOTA, FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NICKERSON, DAVE 4134 BRITTANY LN SARASOTA, FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP SANX, ARTHUR 5365 KELLY DR. SARASOTA, FL 34233	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP ROSEN, ARNOLD 5385 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JOHNSON, KAY 4245 CAROL ANN RD. SARASOTA, FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 04/07/06 378-9791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #