

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31024

FILED
Apr 21, 2009
Secretary of State

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

Current Principal Place of Business:

DELLOR MANAGEMENT, INC
310 PEARL AVE
SARASOTA, FL 34243 US

Current Mailing Address:

DELLOR MANAGEMENT, INC
310 PEARL AVE
SARASOTA, FL 34243 US

New Principal Place of Business:

DELLCOR MANAGEMENT, INC
310 PEARL AVE
SARASOTA, FL 34243 US

New Mailing Address:

DELLCOR MANAGEMENT, INC
310 PEARL AVE
SARASOTA, FL 34243 US

FEI Number: 59-2391486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELLOR MANAGEMENT, INC
310 PEARL AVE
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

DELLCOR MANAGEMENT, INC
310 PEARL AVE
SARASOTA, FL 34243 US

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.

SIGNATURE: DANIEL DELL'ARMI

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LAFABREGUE, JOHN
Address: 5486 KELLY
City-St-Zip: SARASOTA, FL 34233

Title: P () Delete
Name: NICKERSON, DAVE
Address: 4134 BRITTANY LANE
City-St-Zip: SARASOTA, FL 34233

Title: S () Delete
Name: MERCER, LARRY
Address: 5311 KELLY DRIVE
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: FARRELL, BRIAN
Address: 4270 BRITTANY LANE
City-St-Zip: SARASOTA, FL 34233

Title: S () Delete
Name: JOHNSON, KAY
Address: 4245 CAROL ANN RD.
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: KOSECHER, PAT
Address: 5358 PAMELA WOOD WAY
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT KOSECHER

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date