FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 27 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31032 (8)

1. Corporation Name

CRESTWOOD VILLAS OF SARASOTA CONDOMINIUM ASSOCIATION, SECTION IV, INC.

Principal Place of Business	Mailing Address
5550 BEE RIDGE RD., SUITE E-3 SARASOTA FL 34233 US	5550 BEE RIDGE RD., SUITE E-3 SARASOTA FL 34233 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1989
3a. Date of Last Report: 03/11/1994
4. FEI Number: 65-0139282 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MANAGEMENT CONCEPTS OF SARASOTA COUNTY,INC
5550 BEE RIDGE RD., SUITE E-3
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	WALLIS, PAUL	12 NAME	Borresen, John	
STREET ADDRESS	5372 PAMELA WOOD WAY	13 STREET ADDRESS	5358 Carol Ann Road	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	Sarasota FL	
TITLE	VD	21 TITLE	D	☒ Change ☐ Addition
NAME	MEDIO, MARIO	22 NAME		
STREET ADDRESS	4313 CAROL ANN RD.	23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	D	☒ Change ☐ Addition
NAME	PETRONE, BOB	32 NAME		
STREET ADDRESS	5416 PAMELA WOOD WAY	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	STD	☒ Change ☐ Addition
NAME	SOUTHCOMBE, CHUCK	42 NAME	Brown, Jack	
STREET ADDRESS	4337 CAROL ANN RD.	43 STREET ADDRESS	4325 Carol Ann Road	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	Sarasota FL	
TITLE	ASD	51 TITLE	VD	☒ Change ☐ Addition
NAME	KEITH, LLOYD	52 NAME	Giuffrida, Andrew	
STREET ADDRESS	830 S. TAMIAMI TR.	53 STREET ADDRESS	5424 Pamela Wood Way	
CITY-ST-ZIP	OSPREY FL	54 CITY-ST-ZIP	Sarasota FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph B. Borresen 4/20/95 (813)-377-3041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0018342