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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N31032 DOCUMENT #

(8)

CRESTWOOD VILLAS OF SARASOTA CONDOMINIUM ASSOCIA TION. SECTION IV. INC.

Principal Place of Business Mailing Address 5550 BEE RIDGE RD., SUITE E-3 5550 BEE RIDGE RD., SUITE E-3 SARASOTA FL 34233 SARASOTA FL 34233 3. Date Incorporated or Qualified 3a. Date of Last Report 03/07/1989 04/27/1995 2. Principal Place of Business 2a. Mailing Address 4. F£I Number Applied For 65-0139282 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired \Box 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zιρ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MANAGEMENT CONCEPTS OF SARASOTA COUNTY, INC Street Address (P.O. Box Number is Not Acceptable) 82 5550 BEE RIDGE RD., SUITE E-3 83 SARASOTA FL 34233 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicance (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **IK**)DELETE D TITLE 1 1 TITLE Change Addition Ceppos, Gerald BORRESEN, JIHN NAME 1.2 NAME CR2E037 STREET ADDRESS 5358 CAROL ANN ROAD 4269 Carol Ann Road 1.3 STREET ADDRESS SARASOTA FL Sarasota, FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE ☐ Change Addition NAME MEDIO, MARIO 22 NAME 4313 CAROL ANN RD. STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition PD PETRONE, BOB NAME 3 2 NAME 5416 PAMELA WOOD WAY STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL CITY - ST - ZIP 3.4. CHTY - ST - ZIP DELETE Change TITLE STD 4.1 TITLE ☐ Addition BROWN, JACK NAME 4. 2 NAME 4325 CAROL ANN ROAD STREET ADDRESS 4.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition GIUFFRIDA, ANDREW NAME 5.2 NAMÉ STREET ADDRESS 5424 PAMELA WOOD WAY 5.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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)(k), 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 3 if changed, or on an attachment with an address.

ATURE AND TYPED OR PRINTED NAME OF SIGNING

6 4 CITY - ST - ZIP

RMPETRONE

SIGNATURE:

CITY-ST-ZIP

4/16/96 941-371-6440 Date Daytine Phone #

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