FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortilani

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N31032

(8)

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

Principal Place of Business Mailing Address 5560 DEE RIDGE RD.: CUITE-E-0 5550 BEE RIDGE RD.: SUITE E-8 SARASOTA FL 34233-1505 SARABOTA PL SAZSS 3. Date Incorporated or Qualified 03/07/1989 3a. Date of Last Report 04/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0139282 2828 Proctor Road 2828 Proctor Road Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Sarasota, FL Sarasota, FL 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, U.S. Yes No 24 34231 25 U.S. 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name
Miller Management Services, Inc.
Street Address (P.O. Box Number is Not Acceptable) 81 MANAGEMENT CONCEPTS OF SARASOTA COUNTY.INC 82 5550 BEE RIDGE RD.: SUITE E-3 2828 Proctor Road SARASOTA FL 34233 Zip Code 3423 84 City <u>Saras</u>ota 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 biggations of Section 517.0503, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1 1 TITLE Change Addition PD **OEPPOS. GERALD** NAME 1.2 NAME 4269 CAROL ANN ROAD STREET ADDRESS 1.3 STREET ADDRESS **SARASOTA FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 351) TITLE 2.1 TITLE Change Addition MEDIO, MARIO NAME 2.2 NAME 4313 CAROL ANN RD. STREET ADDRESS 23 STREET ADDRESS **BARASOTA FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE PD TITLE 3.1 TITLE Change Addition PETRONE, BOB NAME 3.2 NAME **\$416 PAMELA WOOD WAY** STREET ADDRESS 3.3 STREET ADDRESS **Sarasota Fl** CITY-ST-ZIP 3 4. C(TY - ST - Z)P DELETE M Change Addition TITLE 4.1 TITLE **B**rown, 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 TITLE ■ DELETE 5.1 TITLE Change Addition **GIUFFRIDA, ANDREW** NAME 5.2 NAME **5424 PAMELA WOOD WAY** STREET ADDRESS 5.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 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 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 tam 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 charged, or on an attachment with an address.

6.4 CITY - ST - ZIP

FILED

Jun 06 1997 8:00am

Secretary of State