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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:45

DOCUMENT # **N31033** **(6)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
LIGHTHOUSE MANAGEMENT AND REALTY 830 SOUTH TAMIAMI TRAIL OSPREY FL 34229 US	LIGHTHOUSE MANAGEMENT AND REALTY 830 SOUTH TAMIAMI TRAIL OSPREY FL 34229 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: 65-0139285 ☐ 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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LIGHTHOUSE MANAGEMENT AND REALTY
830 SOUTH TAMIAMI TRAIL
OSPREY FL 34229

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP/D	1.1 TITLE	TD	☑ Change ☐ Addition
NAME	BERUFF,CARLOS	1.2 NAME	WORDEN, BEE	
STREET ADDRESS	4270 BRITTANY LN.	1.3 STREET ADDRESS	6347 Kelly Dr	
CITY-ST-ZIP	SARASOTA FL 34233	1.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	S/D	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	SILVERMAN,LIONEL	2.2 NAME	SILVERMAN, LIONEL	
STREET ADDRESS	5331 KELY DR	2.3 STREET ADDRESS	5331 Kelly Dr.	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	AS/D	3.1 TITLE		☐ Change ☐ Addition
NAME	KEITH, LLOYD	3.2 NAME		
STREET ADDRESS	830 S TAMIAMI TE	3.3 STREET ADDRESS		
CITY-ST-ZIP	OSPREY, FL 34299	3.4 CITY-ST-ZIP		
TITLE	AS	4.1 TITLE	VSD	☑ Change ☐ Addition
NAME	LLOYD, KEITH J.	4.2 NAME	Komara, Janis	
STREET ADDRESS	830 S. TAMIAMI TRAIL	4.3 STREET ADDRESS	5355 Kelly Dr.	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE		5.1 TITLE	D	☐ Change ☑ Addition
NAME		5.2 NAME	Mizzoni, Carmen	
STREET ADDRESS		5.3 STREET ADDRESS	5395 Kelly Dr.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: J.L. KEITH 3-29-95 813 966 6844
MANUALLY SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018125