FILE NOW: FILING FEE IS \$61.25

May 05 1998 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sendre B. Morthem Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # N31033 (6) CRESTWOOD VILLAS OF SARASOTA CONDOMINIUM ASSOCIA TION, SECTION V. INC. Principal Place of Business Mailing Address MILLER MGMT SVCS. INC. 2828 PROCTOR RD MILLER MGMT SVCS. INC. 2020 PROCTOR RD 3. Date Incorporated or Qualified 03/07/1989 SARASOTA FL 34231 SARASOTA FL 34231 ■ FEI Number Applied For 65-0139285 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 2848 PROCTOR RD 2848 PROCTOR RD Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association?

Yes No SARASOTA, FL SARASOTA, FL 23 Country Country 8. This corporation owes or has paid the current year Intangible 3422 U.S.A. U.S.A. Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILLER MANAGEMENT SERVICES, Street Address (P.O. Box Number is Not Acceptable) 2848 PROCTOR RD. MERCER, LARRY 82 5311 KELLY DR 83 SARASOTA FL 34233 84 SARASOTA 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition STD TITLE 1.1 TITLE KUSKOVICH, JOE 12 NAME NAME 5325 KELLY DRIVE 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE VD PO MERCER, LARRY NUME 2.2 NAME STREET ADDRESS 5311 KELY DR 2.3 STREET ADDRESS CITY-ST-ZIP Sarasota Fl 34233 2.4 CITY-ST-ZIP DELETE PD Change Addition 3.1 TITLE TITLE WHITFORD, ANN NAME 3.2 NAME **5435 KELLY DRIVE** 3.3 STREET ADDRESS STREET ADORESS SARASOTA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZW DELETE ☐ Addition Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change ■ Addition 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

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FILED