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

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

DOCUMENT # N32653 (0)

1. Corporation Name

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

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
LIGHTHOUSE MGMT. & REALTY 830 S. TAMIAMI TR. OSPREY FL 34229 US	830 SOUTH TAMIAMI TRIAL 5700 MIDNIGHT PASS ROAD OSPREY FL 34229 US

3. Date Incorporated or Qualified: 06/05/1989
3a. Date of Last Report: 03/11/1994
4. FEI Number: 65-0142696 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$0.75** 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

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 _____ 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	1.1 TITLE	VPD	☑ Change ☐ Addition
NAME	CHILENSKI, AL	1.2 NAME	Chilenski, AL	
STREET ADDRESS	5396 CHRISTIE ANN PL.	1.3 STREET ADDRESS	5396 Christie Ann PL.	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	VPD	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	TOWNSEND, DAN	2.2 NAME	TOWNSEND, DAN	
STREET ADDRESS	5374 CHRISTI ANN PL. #16	2.3 STREET ADDRESS	5374 Christie Ann PL	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	ASD	3.1 TITLE	D	☑ Change ☐ Addition
NAME	RORLACK, FRED	3.2 NAME	BONELLO, JOE	
STREET ADDRESS	5415 CRESTLAKE BLVD.	3.3 STREET ADDRESS	5386 Christie Ann PL.	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	ASD	4.1 TITLE		☐ Change ☐ Addition
NAME	KEITH, LLOYD	4.2 NAME		
STREET ADDRESS	830 S. TAMIAMI TR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	TSD	☐ Change ☑ Addition
NAME		5.2 NAME	McDonald, Gladys	
STREET ADDRESS		5.3 STREET ADDRESS	5360 Christie Ann PL	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE		6.1 TITLE	D	☐ Change ☑ Addition
NAME		6.2 NAME	PATIEN, LEN	
STREET ADDRESS		6.3 STREET ADDRESS	5436 Kelly DR	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SARASOTA, FL 3	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018124