

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32653 (0)

1. Corporation Name

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



Principal Place of Business

Mailing Address

LIGHTHOUSE MGMT. & REALTY
830 S. TAMiami TR.
OSPREY FL 34229
US

830 SOUTH TAMiami TRAIL
5700 MIDNIGHT PASS ROAD
OSPREY FL 34229
US

3. Date Incorporated or Qualified
06/05/1989

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 MILLER MANAGEMENT SVCS, INC

26 MILLER MANAGEMENT SVCS, INC

4. FEI Number
65-0142696

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2828 Proctor Road

27 2828 Proctor Road

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 Sarasota, FL

28 Sarasota, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34231

25 Sarasota

29 34231

30 Sarasota

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIGHTHOUSE MANAGEMENT AND REALTY
830 SOUTH TAMiami TRAIL
OSPREY FL 34229

81 Name

MILLER MANAGEMENT SERVICES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

2828 Proctor Road

83

84 City

Sarasota

FL

85 Zip Code

34231

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 617.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☒ DELETE

NAME CHILENSKI, AL
STREET ADDRESS 5398 CHRISTIE ANN PL.
CITY-ST-ZIP SARASOTA FL

1.1 TITLE V/T/D ☐ Change ☒ Addition

1.2 NAME SWARTZENTRUBER, Orley
1.3 STREET ADDRESS 5433 Crestlake Blvd.
1.4 CITY-ST-ZIP Sarasota, FL

TITLE PD ☐ DELETE

NAME TOWNSEND, DAN
STREET ADDRESS 5374 CHRISTIE AND PL
CITY-ST-ZIP SARASOTA FL

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME BONELLO, JOE
STREET ADDRESS 5386 CHRISTIE ANN PL
CITY-ST-ZIP SARASOTA FL

3.1 TITLE S/D ☐ Change ☒ Addition

3.2 NAME ROHRLACK, ROSEMARIE
3.3 STREET ADDRESS 5415 Crestlake Blvd.
3.4 CITY-ST-ZIP Sarasota, FL

TITLE ASD ☒ DELETE

NAME KEITH, LLOYD
STREET ADDRESS 830 S. TAMiami TR.
CITY-ST-ZIP OSPREY FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 800001872628
4.4 CITY-ST-ZIP -06/24/96--01022--043
***61.25

TITLE TSD ☒ DELETE

NAME McDONALD, GLADYS
STREET ADDRESS 5366 CHRISTIE ANN PL
CITY-ST-ZIP SARASOTA FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE PD ☐ DELETE

NAME PATLEN, LEN
STREET ADDRESS 5436 KELLY DR
CITY-ST-ZIP SARASOTA FL

6.1 TITLE P/D ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)