

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N34022 (6)**

1. Corporation Name

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



Principal Place of Business

Mailing Address

~~LIGHTHOUSE MANAGEMENT AND REALTY~~
~~830 SOUTH TAMAMI TRAIL~~
~~OSPREY FL 34229~~
~~US~~

~~LIGHTHOUSE MANAGEMENT AND REALTY~~
~~830 SOUTH TAMAMI TRAIL~~
~~OSPREY FL 34229~~
~~US~~

2. Principal Place of Business

2a. Mailing Address

21 **Miller Management Svcs, Inc**

26 **Miller Management Svcs, Inc**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **2828 Proctor Road**

27 **2828 Proctor Road**

City & State

City & State

23 **Sarasota, FL**

28 **Sarasota, FL**

Zip

Country

Zip

Country

24 **34231**

25 **Sarasota**

29 **34231**

30 **Sarasota**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~LIGHTHOUSE MANAGEMENT AND REALTY~~
~~830 SOUTH TAMAMI TRAIL~~
~~OSPREY FL 34229~~

81 Name

AL DACHAUER

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

5338 CRESTLAKE BLVD.

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 617.0503, Florida Statutes.

SIGNATURE

Signature of officer or principal name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ASD
KEITH, LLOYD
830 S TAMAMI TR
OSPREY FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
DACHAUER, ALBERT
5338 CRESTLAKE BLVD.
SARASOTA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
FEENEY, ROBERT
5321 CRESTLAKE BLVD
SARASOTA FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
KLEIN, JOAN
5329 CRESTLAKE BLVD.
SARASOTA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MATHESON, RICHARD - V.P. ☐ DELETE
4268 BRITTANY LANE
SARASOTA, FL 34233

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☒ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
V.P.
MATHESON, Richard
4268 Brittany Lane
Sarasota, FL

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
100001881011
-07/02/96--01013--010
*****61.25**

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

Albert Dacher President/Treasurer/Manager

4/1/96

941-966-6849

CR2E037 (12/95)