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Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34022** (6)

1. Corporation Name

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



Principal Place of Business <b>C/O MILLER MANAGEMENT SVCS. INC. 2828 PROCTOR ROAD SARASOTA FL 34231 US</b>	Mailing Address <b>C/O MILLER MANAGEMENT SVCS. INC. 2828 PROCTOR ROAD SARASOTA FL 34231-6423 US</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	3. Date Incorporated or Qualified <b>09/05/1989</b>	3a. Date of Last Report <b>05/01/1996</b>	4. FEI Number <b>65-0142691</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>LIGHTHOUSE MANAGEMENT AND REALTY 830 SOUTH TAMiami TRAIL OSPREY FL 34229</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>MILLER MANAGEMENT SERVICES, INC.</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>2828 Proctor Road</b> <b>83</b> Sarasota, FL 34231 <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>-VPD- MATHESON, RICHARD 4268 BRITTANY LANE SARASOTA FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD [X] Change [ ] Addition</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD-- DACHAUER, ALBERT-- 5338 CRESTLAKE BLVD.-- SARASOTA FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VD BRESS, PAULINE 4116 BRITTANY LANE [X] Change [ ] Addition</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KLEIN, JOAN 5329 CRESTLAKE BLVD. SARASOTA FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>[ ] Change [ ] Addition</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>[ ] DELETE</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>[ ] Change [ ] Addition</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>[ ] DELETE</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>[ ] Change [ ] Addition</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>[ ] DELETE</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>[ ] Change [ ] Addition</b>

14. I do 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 22 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]*

CR2E037 (9/96)