2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/30/

FILED
May 26, 2004 8:00 am
Secretary of State
04-30-2004 90227 040 ****61.25

DOCUMENT # N99000001576

1. Entity Name
VILLAGE ON CRESCENT LAKE AT BRECKENRIDGE CONDOMINIUM ASSOCIATION, INC.

66424200

Principal Place of Business	Mailing Address
C/O PEGASUS 17595 S TAMIAMI #100 FORT MYERS, FL 33908	C/O PEGASUS 17595 S TAMIAMI #100 FORT MYERS, FL 33908

04282004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1010152 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STILSON, BARBARA 17595 S TAMIAMI TRAIL #100 FORT MYERS, FL 33908	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LOTURCO, JOSEPH D 19851 BRECKENRIDGE DR #104 ESTERO, FL 33928	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TOM NOLTE 4224-101 PENSACOLA AVE ESTERO, FL 33928	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PICCIOCCA, TIM 302 WASHINGTON AVE EXT ALBANY, NY 12203	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MARIO ABBATTISTA 4240-202 PENSACOLA AVE ESTERO, FL 33928	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SULLIVAN, JOHN 302 WASHINGTON AVE EXT ALBANY, NY 12203	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CHARLES ROTH 4234-101 PENSACOLA AVE ESTERO, FL 33928	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GRACE MANKIN 4239-202 PENSACOLA AVE ESTERO, FL 33928	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICK KONDOGAN 4232-201 PENSACOLA AVE ESTERO FL 33928	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tom Nolte 4/27/04 239-949-0960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #