2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000049212

1. Entity Name
CRESCENT ARMS VACATION RENTALS, INC.

Principal Place of Business	Mailing Address
6308 MIDNIGHT PASS RD SARASOTA, FL 34242 US	6308 MIDNIGHT PASS RD SARASOTA, FL 34242 US

03232005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0424499

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

CRESENT ARMS CONDO. ASSOC . INC.
6308 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

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 _____

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	ZELSON, JOE
STREET ADDRESS	6312 MIDNIGHT PASS # 1015
CITY ST ZIP	SARASOTA, FL 34242
TITLE	D
NAME	SCHALLER, PAUL
STREET ADDRESS	6312 MIDNIGHT PASS # 501N
CITY ST ZIP	SARASOTA, FL 34242
TITLE	P
NAME	TERWILLIGER, CARL
STREET ADDRESS	6312 MIDNIGHT PASS RD # 2025
CITY ST ZIP	SARASOTA, FL 34242
TITLE	V
NAME	RETTICH, KATHY
STREET ADDRESS	46 EAST MARKET STREET
CITY ST ZIP	GERMANTOWN, OH 45327
TITLE	S
NAME	ULRICH, RUTH
STREET ADDRESS	6312 MIDNIGHT PASS # 4035
CITY ST ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000316080
04/19/05-80059-016 150.00

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 607, 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: Ruth H. Ulrich RUTH H. ULRICH SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR