

**2008 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000049212

1. Entity Name  
CRESCENT ARMS VACATION RENTALS, INC.



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

Mailing Address  
6308 MIDNIGHT PASS RD  
SARASOTA, FL 34242 US



02152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

0000000843775  
03/12/08-80009-003 61.25

**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	V
NAME	LAUCIELLO, FRANK
STREET ADDRESS	6310 MIDNIGHT PASS RD., #301 N
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	P
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	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/08 941-349-0921  
Date Daytime Phone #

SECRETARY