


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90209 026 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harfis</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000013835**

1. Corporation Name

**PICERNE CRESTMORE VILLAGE APARTMENTS ASSOCIATES, INC.**

Principal Place of Business  
**247 NORTH WESTMONTE DR.**  
**ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**247 NORTH WESTMONTE DR.**  
**ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/11/1998**

4. FEI Number

**59-3492280**

Applied For

Not Applicable

5. Certificate of Status Desired ☐
**\$8.75 Additional**  
**Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐
**\$5.00 May Be**  
**Added to Fees**
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**
**25**
**29**
**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COSTOLO, W. TERRY**  
**215 NORTH EOLA DR.**  
**ORLANDO FL 32801**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**D** ☐ DELETE  
**PICERNE, ROBERT M**  
**247 NORTH WESTMONTE DR.**  
**ALTAMONTE SPRINGS FL 32714**
☐ DELETE  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ DELETE  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ DELETE  
 TITLE  
 NAME  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ DELETE  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

 1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

☐ Change ☐ Addition  
 2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

☐ Change ☐ Addition  
 3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

☐ Change ☐ Addition  
 4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

☐ Change ☐ Addition  
 5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

☐ Change ☐ Addition  
 6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)