

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29648

Entity Name: THE CRESTVIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ABILITY MANAGEMENT, INC
6736 LON OAK BLVD
NAPLES, FL 34109

Current Mailing Address:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

FEI Number: 65-0162317

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABILITY MANAGEMENT, INC
C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

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.

SIGNATURE: DENNIS F LIVELY

05/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T, S
Name GRESSMAN, PAMELA
Address 9836 LUNA CIRCLE F-202
City-State-Zip: NAPLES FL 34109

Title P
Name HARTWIG, JUANITA
Address 9848 LUNA CIRCLE C-101
City-State-Zip: NAPLES FL 34109

Title VP
Name TOZER, ROBERT
Address 509 LAKE HOUSE CIRCLE
#201
City-State-Zip: NAPLES FL 34110

Title D
Name MICHELS, KEVIN
Address 9840 LUNA CIRCLE E-203
City-State-Zip: NAPLES FL 34109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUANITA HARTWIG

PRESIDENT

05/21/2020

Electronic Signature of Signing Officer/Director Detail

Date