

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000008300					
1. Entity Name CROWN COLONY OF SEMINOLE COUNTY HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 135 W PINEVIEW ST ALTAMONTE SPRINGS, FL 32711 US			Mailing Address 135 W PINEVIEW ST ALTAMONTE SPRINGS, FL 32711 US		
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 32-0055325					
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PRESIDENTIAL GROUP SOUTH, INC. 135 W PINEVIEW ST ALTAMONTE SPRINGS, FL 32771-3271					
7. Name and Address of New Registered Agent					
Name <u>ERIC GALLAGHER</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>138 CROWN COLONY WAY</u>					
City <u>SANFORD</u> FL Zip Code <u>32771</u>					
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:					
(NOTE: Registered Agent signature required when reinstating)					
DATE: <u>11/05/04</u>					
Amended AR is \$61.25					
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees					
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, ANGI 162 CROWN COLONY WAY SANFORD, FL 32771	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARNEY, JON 112 ROYALTY CIRCLE SANFORD, FL 32771	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, BETH 123 CROWN COLONY WAY SANFORD, FL 32771	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVAREZ, MADALYN 153 CROWN COLONY WAY SANFORD, FL 32771	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCKART, CAROL 130 ROYALTY CIRCLE SANFORD, FL 32771	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKLER, PAUL 144 CROWN COLONY WAY SANFORD, FL 32771	☒ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARD SANTOS 159 CROWN COLONY WAY SANFORD FL 32771	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANTONIO OYOLA 160 CROWN COLONY WAY SANFORD FL 32771	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ERIC GALLAGHER 138 CROWN COLONY WAY SANFORD FL 32771	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARGARET CASUCCI 161 CROWN COLONY WAY SANFORD FL 32771	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONICA VERAMONTI 126 ROYALTY CIRCLE SANFORD FL 32771	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D → NICHOLAS CARDINALE 103 CROWN COLONY WAY SANFORD FL 32771	☐ 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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>11/3/04</u> Daytime Phone #: <u>(407) 322-3630</u>					

FILED

04 NOV -5 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11032004 Chg-NP CR2E037 (10/03)

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

Name ERIC GALLAGHER
Street Address (P.O. Box Number is Not Acceptable)

138 CROWN COLONY WAY
City SANFORD **FL** Zip Code 32771

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

600042522546
11/05/04--01030--0113/04

Amended AR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
THOMPSON, ANGI
162 CROWN COLONY WAY
SANFORD, FL 32771

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
HARNEY, JON
112 ROYALTY CIRCLE
SANFORD, FL 32771

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MARTIN, BETH
123 CROWN COLONY WAY
SANFORD, FL 32771

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ALVAREZ, MADALYN
153 CROWN COLONY WAY
SANFORD, FL 32771

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRUCKART, CAROL
130 ROYALTY CIRCLE
SANFORD, FL 32771

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MIKLER, PAUL
144 CROWN COLONY WAY
SANFORD, FL 32771

☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RICHARD SANTOS
159 CROWN COLONY WAY
SANFORD FL 32771

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
ANTONIO OYOLA
160 CROWN COLONY WAY
SANFORD FL 32771

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ERIC GALLAGHER
138 CROWN COLONY WAY
SANFORD FL 32771

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MARGARET CASUCCI
161 CROWN COLONY WAY
SANFORD FL 32771

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MONICA VERAMONTI
126 ROYALTY CIRCLE
SANFORD FL 32771

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D → NICHOLAS CARDINALE
103 CROWN COLONY WAY
SANFORD FL 32771

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/3/04 (407) 322-3630