

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000091 (7)

1. Corporation Name

CRESCENT PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

380 SOUTH NORTHLAKE BLVD.
SUITE 1012
ALTAMONTE SPRINGS FL 32701

Mailing Address

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044



3. Date Incorporated or Qualified

01/05/1995

3a. Date of Last Report

2. Principal Place of Business

21 2180 WEST SR 434

2a. Mailing Address

26

4. FEI Number

59-3308141

Applied For

Not Applicable

Suite, Apt. #, etc.

22 5000

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 LONGWOOD FL

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 32779

Country

25 USA

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

HART, JAMES W JR
% SENTRY MANAGEMENT, INC.
2180 W. SR 434, SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE DP ☒ DELETE

NAME DWORKIN, JEFFREY L

STREET ADDRESS 380 S. NORTHLAKE BLVD., STE. 1012
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE DST ☐ DELETE

NAME PETERS, LESLIE J

STREET ADDRESS 380 S. NORTHLAKE BLVD., STE. 1012
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE DV ☐ DELETE

NAME WATTERS, MARCUS L JR.

STREET ADDRESS 380 S. NORTHLAKE BLVD., STE. 1012
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME SMALL, PETE

1.3 STREET ADDRESS 380 S. NORTHLAKE BLVD., STE 1012

1.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE VD ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCUS WATTERS

4-25-96

Date

Daytime Phone #

CR2E037 (12/95)