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May 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

380 S. NORTHLAKE BLVD., SUITE 1012
ALTAMONTE SPRINGS FL
US

380 S. NORTHLAKE BLVD., SUITE 1012
ALTAMONTE SPRINGS FL 32701-5266
US

3. Date Incorporated or Qualified
01/05/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 1350 Orange Ave

26 P.O. Box 1208

4. FEI Number
59-3308141

Applied For
Not Applicable

22 Suite 100

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Winter Park, FL

28 Winter Park, FL

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

24 32789

25 U.S.A.

29 32790-1208

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

b. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMALL, PETE
380 S. NORTHLAKE BLVD., SUITE 1012
ALTAMONTE SPRINGS FL

81 Name Athwood-Phillips, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
1350 Orange Ave.

83 Suite 100

84 City Winter Park FL 85 32789

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME SMALL, PETE
STREET ADDRESS 380 S NORTHLAKE BLVD SUTE 1012
CITY-ST-ZIP ALTAMONTE SPRINGS FL

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

TITLE STD ☒ DELETE
NAME PETERS, LESLIE J
STREET ADDRESS 380 S. NORTHLAKE BLVD., STE. 1012
CITY-ST-ZIP ALTAMONTE SPRINGS FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME STD
2.3 STREET ADDRESS Bobby Knaresboro
2.4 CITY-ST-ZIP 380 S. Northlake Blvd., Ste 1012
Altamonte Springs, FL 32701

TITLE VD ☐ DELETE
NAME WATTERS, MARCUS L JR.
STREET ADDRESS 380 S. NORTHLAKE BLVD., STE. 1012
CITY-ST-ZIP ALTAMONTE SPRINGS FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

3/10/97

Date

Daytime Phone 40012596

CR2E037 (9/96)