

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90243 006 ****61.25

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1. Corporation Name

CRESCENT HILLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

4510 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

Mailing Address

4510 SOUTH FLORIDA AVENUE
LAKELAND FL 33813



2. Principal Place of Business

21 6729 Trail Ridge Dr

Suite, Apt. #, etc.

22

City & State

23 Lakeland FL

Zip

24 33813

Country

25 USA

2a. Mailing Address

26 6729 Trail Ridge Dr

Suite, Apt. #, etc.

27

City & State

28 Lakeland FL

Zip

29 33813

Country

30 USA

3. Date Incorporated or Qualified

12/09/1996

4. FEI Number

59-3426053

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

9. Name and Address of Current Registered Agent

HOFFMAN, L K

4506 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

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

6729 Trail Ridge Drive

83

84

City Lakeland, FL

FL

85 Zip Code
33813

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 D ☐ DELETE

NAME HOFFMAN, L K

STREET ADDRESS 4506 SOUTH FLORIDA AVE.
CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☐ DELETE

NAME HOFFMAN, BARBARA L

STREET ADDRESS 4506 SOUTH FLORIDA AVE.
CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☐ DELETE

NAME FAULKNER, W O

STREET ADDRESS 4506 SOUTH FLORIDA AVE.
CITY-ST-ZIP LAKELAND FL 33813

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

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

☐ Change

☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Barbara L. Hoffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/99 941-644-7561

CR2E037 (11/98)