

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90169 046 \*\*\*\*61.25

**DOCUMENT # N95000000091**

1. Entity Name

**CRESCENT PARK HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1350 ORANGE AVE  
 SUITE 100  
 WINTER PARK FL 32789  
 US

C/O ATTWOOD-PHILLIPS, INC.  
 P.O. BOX 1208  
 WINTER PARK FL 32790-1208  
 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

**59-3308141**

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

**ATTWOOD-PHILLIPS INC**  
**1350 ORANGE AVE**  
**SUITE 100**  
**WINTER PARK FL 32789**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
 NAME SMALL, PETE  
 STREET ADDRESS 380 S NORTHLAKE BLVD SUTE 1012  
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE PD ☐ Change ☒ Addition  
 NAME Charles P Crayg  
 STREET ADDRESS 3636 Crescent Park Blvd  
 CITY-ST-ZIP Orlando FL 32812

TITLE STD ☒ Delete  
 NAME KNARESBORO, BOBBY  
 STREET ADDRESS 380 S NORTHLAKE BLVD STE 1012  
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE STD ☐ Change ☒ Addition  
 NAME Tessa Molina  
 STREET ADDRESS 3717 Crescent Park Blvd  
 CITY-ST-ZIP Orlando FL 32812

TITLE VD ☒ Delete  
 NAME WATTERS, MARCUS L JR.  
 STREET ADDRESS 380 S. NORTHLAKE BLVD., STE. 1012  
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE VD ☐ Change ☒ Addition  
 NAME Michael McLoath  
 STREET ADDRESS 6743 Equinox Ave  
 CITY-ST-ZIP Orlando FL 32812

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 information.

**SIGNATURE** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/2000

CR2E037 (9/99)