

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000091

1. Entity Name

CRESCENT PARK HOMEOWNERS ASSOCIATION, INC.

**FILED**  
May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90044 026 \*\*\*\*61.25

Principal Place of Business

1350 ORANGE AVE  
SUITE 100  
WINTER PARK FL 32789  
US

Mailing Address

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

4. FEI Number

59-3308141

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ~~STD~~ ☒ Delete  
NAME ~~MOLINA, TESSA~~  
STREET ADDRESS ~~3717 CRESCENT PARK BLVD~~  
CITY-ST-ZIP ~~ORLANDO FL 32812~~

TITLE ~~SD~~ ☐ Change ☒ Addition  
NAME ~~KELLY WRIGHT~~  
STREET ADDRESS ~~3824 CRESCENT PARK BLVD.~~  
CITY-ST-ZIP ~~ORLANDO, FL 32812~~

TITLE ~~VD~~ ☐ Delete  
NAME ~~MCLOUTH, MIKEL~~  
STREET ADDRESS ~~6743 EQUINUX AVE~~  
CITY-ST-ZIP ~~ORLANDO FL 32812~~

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

TITLE ~~PD~~ ☐ Delete  
NAME ~~GALATOWITSCH, PATRICK~~  
STREET ADDRESS ~~6867 LUNAR LANE~~  
CITY-ST-ZIP ~~ORLANDO FL 32812~~

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

TITLE ~~D~~ ☒ Delete  
NAME ~~SEACORD, PIERRE~~  
STREET ADDRESS ~~6849 SOUTH AVE~~  
CITY-ST-ZIP ~~ORLANDO FL 32812~~

TITLE ~~MARY McDONALD (TD)~~ ☐ Change ☒ Addition  
NAME ~~3824 CRESCENT PARK BLVD.~~  
STREET ADDRESS ~~ORLANDO, FL 32812~~  
CITY-ST-ZIP

TITLE ~~D~~ ☐ Delete  
NAME ~~ECHAVARRIA, LUIS~~  
STREET ADDRESS ~~6860 SCYTHE AVENUE~~  
CITY-ST-ZIP ~~ORLANDO FL 32812~~

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

TITLE ~~NAME~~ ☐ Delete  
STREET ADDRESS ~~CITY-ST-ZIP~~

TITLE ~~NAME~~ ☐ Change ☐ Addition  
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 like empowered.

SIGNATURE:

*Springfield, FL as Agent*

4/18/02

(407) 444-4800 x299

CR2E037 (9/01)