


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90042 038 \*\*\*\*61.25

<b>DOCUMENT # N95000000091</b> 1. Entity Name <b>CRESCENT PARK HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>498 PALM SPRINGS DR. 235 ALTAMONTE SPRINGS, FL 32701 US</b>			Mailing Address <b>498 PALM SPRINGS DR. 235 ALTAMONTE SPRINGS, FL 32701 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3308141</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BOYLE, JAMES W 498 PALM SPRINGS DR. STE. 235 ALTAMONTE SPRINGS, FL 32701</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, KELLY 3824 CRESCENT PARK BLVD ORLANDO, FL 32812	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kelly Wright 3824 Crescent Park Blvd. Orlando, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLOUTH, MIKE 6743 EQUINUX AVE ORLANDO, FL 32812	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Douglas crews 3711 Half moon Drive Orlando, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STUART, RITA 6748 CRESCENT PARK BLVD ORLANDO, FL 32812	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rita Stuart 6748 Crescent Park Blvd Orlando, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TALBOT, LAURIE 6736 SCIMITAR AVENUE ORLANDO, FL 32812	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Diana Owens 3703 Half moon Dr. Orlando, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, GREG 3717 CRESCENT PARK ORLANDO, FL 32812	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Evelyn Fisher 3717 Crescent Park Drive Orlando, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Mikel McLouth</u>		<u>4/20/07</u>		<u>407 438 1839</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Mikel McLouth CPHA BOARD PRESIDENT					