2008 NOT-FOR-PROFIT CORPORATION

FILED Apr 28, 2008 8:00 am Secretary of State

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

04-28-2008 90368 006 ****61.25 DOCUMENT # N95000000091 CRESCENT PARK HOMEOWNERS ASSOCIATION, INC. quuovo-Principal Place of Business Mailing Address 498 PALM SPRINGS DR. 498 PALM SPRINGS DR. 235 235 ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082008 Chg-NP CR2E037 (12/06) 4. FEI Number Applied For City & State City & State 59-3308141 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOYLE, JAMES W Street Address (P.O. Box Number is Not Acceptable) 498 PALM SPRINGS DR. STE. 235 ALTAMONTE SPRINGS, FL 32701 Zip Code City 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 : DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11 10. PD ☐ Addition TITLE ☐ Delete TITLE WRIGHT, KELLY NAME NAME 3824 CRESCENT PARK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32812 CITY-ST-ZIP Addition TITLE Delete MCLOUTH, MIKE NAME STREET ADDRESS 6743 EQUINUX AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32812 Change ☐ Addition ~ □ Delete NAME STUART, RITA NAME 6748 CRESCENT PARK BLVD STREET ADDRESS STREET ADDRESS ORLANDO, FL 32812 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME TALBOT, LAURIE NAME STREET ADDRESS 6736 SCIMITAR AVENUE STREET ADDRESS ORLANDO, FL 32812 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F Delete TITLE NAME FISHER, EVELYN 3717 CRESCENT PARK STREET ADDRESS STREET ADORESS CITY-ST-ZIP ORLANDO, FL 32812 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME CREWS; DOUGLAS 3711 HALF MOON DR STREET ADDRESS STREET ADDRESS ORLANDO, FL 32812 CITY-ST-ZIP CITY-ST-ZIP 12. It 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 flue and occurate 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 flustee employered 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.