

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008300

**Entity Name:** CROWN COLONY OF SEMINOLE COUNTY HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 05, 2015**  
**Secretary of State**  
**CC7391137164**

**Current Principal Place of Business:**

135 CROWN COLONY WAY  
SANFORD, FL 32771

**Current Mailing Address:**

135 CROWN COLONY WAY  
SANFORD, FL 32771 US

**FEI Number: 32-0055325**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RESNICK, MICHAEL  
100 E. ROBINSON STREET  
ORLANDO, FL 32801 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VPD  
Name LINTON, MAURICE  
Address 148 CROWN COLONY WAY  
City-State-Zip: SANFORD FL 32771

Title PSD  
Name RESNICK, MICHAEL  
Address 107 DOMINION COURT  
City-State-Zip: SANFORD FL 32771

Title TD  
Name NAGBE, STEPHEN  
Address 109 DOMINION COURT  
City-State-Zip: SANFORD FL 32771

Title D  
Name ROBINSON, DAVID  
Address 120 ROYALTY CIRCLE  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name HUFFMAN, SHARON  
Address 157 CROWN COLONY WAY  
City-State-Zip: SANFORD FL 32771

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL RESNICK**

**PRESIDENT**

**03/05/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date