

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008300

**FILED**  
**Apr 19, 2023**  
**Secretary of State**  
**5752129474CC**

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

**Current Principal Place of Business:**

766 N. SUN DRIVE  
SUITE 2000  
LAKE MARY, FL 32746

**Current Mailing Address:**

766 N. SUN DRIVE  
SUITE 2000  
LAKE MARY, FL 32746 US

**FEI Number: 32-0055325**

**Certificate of Status Desired: No**

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

BONO & ASSOCIATES, LLC  
766 N. SUN DRIVE  
SUITE 2000  
LAKE MARY, FL 32746 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: MICHAEL L BONO**

**04/19/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           NAGBE, STEPHEN  
Address        766 N. SUN DRIVE  
                  SUITE 2000  
City-State-Zip: LAKE MARY FL 32746

Title           DIRECTOR  
Name           HUFFMAN, SHARON  
Address        766 N. SUN DRIVE  
                  SUITE 2000  
City-State-Zip: LAKE MARY FL 32746

Title           PRESIDENT, DIRECTOR  
Name           ROBINSON, RENEE  
Address        766 N. SUN DRIVE  
                  SUITE 2000  
City-State-Zip: LAKE MARY FL 32746

Title           DIRECTOR  
Name           PATRICK, MARK  
Address        766 N. SUN DRIVE  
                  SUITE 2000  
City-State-Zip: LAKE MARY FL 32746

Title           VP, SECRETARY, DIRECTOR  
Name           HAYNES, STACIE  
Address        766 N. SUN DRIVE  
                  SUITE 2000  
City-State-Zip: LAKE MARY FL 32746

*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: RENEE ROBINSON**

**PRESIDENT**

**04/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date