

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008300

Entity Name: CROWN COLONY OF SEMINOLE COUNTY HOMEOWNERS' ASSOCIATION, INC.**FILED**
Apr 22, 2016
Secretary of State
CC1803046334**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	VP
Name	LINTON, MAURICE
Address	148 CROWN COLONY WAY
City-State-Zip:	SANFORD FL 32771

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

Title	DIRECTOR
Name	HUFFMAN, SHARON
Address	157 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	D
Name	ROBINSON, DAVID
Address	120 ROYALTY CIRCLE
City-State-Zip:	SANFORD FL 32771

Title	DIRECTOR
Name	ROBINSON, RENEE
Address	120 ROYALTY CIRCLE
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****04/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date