

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008300

Entity Name: CROWN COLONY OF SEMINOLE COUNTY HOMEOWNERS' ASSOCIATION, INC.**FILED**
Mar 05, 2020
Secretary of State
6641601746CC**Current Principal Place of Business:**640 E. STATE ROAD 434
SUITE 3000
LONGWOOD, FL 32750**Current Mailing Address:**640 E. STATE ROAD 434
SUITE 3000
LONGWOOD, FL 32750 US**FEI Number: 32-0055325****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BONO & ASSOCIATES, LLC
640 E. STATE ROAD 434
SUITE 3000
LONGWOOD, FL 32750 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****03/05/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** TREASURER, DIRECTOR
Name NAGBE, STEPHEN
Address 640 E. STATE ROAD 434
SUITE 3000
City-State-Zip: LONGWOOD FL 32750**Title** DIRECTOR
Name HUFFMAN, SHARON
Address 640 E. STATE ROAD 434
SUITE 3000
City-State-Zip: LONGWOOD FL 32750**Title** PRESIDENT, DIRECTOR
Name ROBINSON, RENEE
Address 640 E. STATE ROAD 434
SUITE 3000
City-State-Zip: LONGWOOD FL 32750**Title** DIRECTOR
Name CLARKE, ALICIA
Address 640 E. STATE ROAD 434
SUITE 3000
City-State-Zip: LONGWOOD FL 32750**Title** VP, SECRETARY, DIRECTOR
Name BURKHART, CHELSEA
Address 640 E. STATE ROAD 434
SUITE 3000
City-State-Zip: LONGWOOD FL 32750

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****03/05/2020**

Electronic Signature of Signing Officer/Director Detail

Date