

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006675

Entity Name: CRESTWOOD HEIGHTS TOWNHOMES OWNERS ASSOCIATION, INC.**FILED**
Mar 02, 2023
Secretary of State
4998500416CC**Current Principal Place of Business:**C/O OSMS
PO BOX 915103
LONGWOOD, FL 32791**Current Mailing Address:**C/O OSMS
PO BOX 915103
LONGWOOD, FL 32791 US**FEI Number: 20-3101325****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ONE SOURCE MANAGEMENT SOLUTIONS, INC
235 N. HUNT CLUB BLVD.
SUITE 1010
LONGWOOD, FL 32779 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 RENE, TAMARA "ROCHELLE"
Address C/O OSMS
PO BOX 915103
City-State-Zip: LONGWOOD FL 32791Title DIRECTOR
Name BILLUPS, JOSEPH
Address C/O OSMS
PO BOX 915103
City-State-Zip: LONGWOOD FL 32791Title PRESIDENT
Name ASH, SUSAN
Address C/O OSMS
PO BOX 915103
City-State-Zip: LONGWOOD FL 32791Title SECRETARY
Name PERSAUD, JENNIFER
Address C/O OSMS
PO BOX 915103
City-State-Zip: LONGWOOD FL 32791Title TREASURER
Name CERVENKA, MARY
Address C/O OSMS
PO BOX 915103
City-State-Zip: LONGWOOD FL 32791

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: SUSAN ASH**PRESIDENT****03/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date