

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008361

**FILED**  
**Mar 27, 2019**  
**Secretary of State**  
**4955395692CC**

**Entity Name:** CROOKED CREEK HOMES ASSOCIATION OF JEFFERSON COUNTY, INC.

**Current Principal Place of Business:**

2121 KILLARNEY WAY  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

POST OFFICE BOX 11143  
TALLAHASSEE, FL 32302 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT,  
2121 KILLARNEY WAY, SUITE E  
TALLAHASSEE, FL 32309 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 P  
Name BARINEAU, RAY  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title T  
Name COOPER, CHARLES  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title VP  
Name GREEN, BENSON  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title MANAGING AGENT  
Name FLORIDA ASSOCIATION & PROPERTY MANAGEMENT, INC.  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title S  
Name FAGLIE, FLOYD  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

*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: JOANIE TROTMAN**

**CAM**

**03/27/2019**

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

\_\_\_\_\_  
Date