

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000001313

Entity Name: CRAWFORDVILLE TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

949 CRAWFORDVILLE TRACE
TALLAHASSEE, FL 32305

Current Mailing Address:

P.O. BOX 6043
TALLAHASSEE, FL 32314 US

FEI Number: 81-5295878

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOUR POINTS COMMUNITY ASSOCIATION MANAGEMENT
4509 DESLIN CT
TALLAHASSEE, FL 32305 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: JONATHAN PETERSON

02/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name COLEMAN, FASHONDIA
Address P.O. BOX 6043
City-State-Zip: TALLAHASSEE FL 32314

Title PRESIDENT
Name RUTHERFORD, MICHAEL J SR.
Address P.O. BOX 6043
City-State-Zip: TALLAHASSEE FL 32314

Title VP
Name COLEY, GEORGIA MAE
Address P.O. BOX 6043
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR
Name LEWIS, LESLIE
Address P.O. BOX 6043
City-State-Zip: TALLAHASSEE FL 32314

Title SECRETARY
Name ARNOLD, CARMEN
Address P.O. BOX 6043
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR
Name JOHNSON, CHERRYL
Address P.O. BOX 6043
City-State-Zip: TALLAHASSEE FL 32314

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: FASHONDIA COLEMAN

TREASURER

02/29/2024

Electronic Signature of Signing Officer/Director Detail

Date