

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000001313

**Entity Name:** CRAWFORDVILLE TRACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5032 CAPITAL CIRCLE S.W., SUITE 2, PMB #174  
TALLAHASSEE, FL 32305-7886

**Current Mailing Address:**

5032 CAPITAL CIRCLE S.W., SUITE 2, PMB #174  
TALLAHASSEE, FL 32305-7886 US

**FEI Number:** 81-5295878

**Certificate of Status Desired:** Yes

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

JACKSON, BRENDA  
4424 ANASTASIA 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            COLEMAN, FASHONDIA  
Address        4422 ANASTASIA CT.  
City-State-Zip: TALLAHASSEE FL 32305

Title            SECRETARY  
Name            THOMAS, BYRON  
Address        4428 ANASTASIA CT.  
City-State-Zip: TALLAHASSEE FL 32305

Title            PRESIDENT  
Name            JACKSON, BRENDA  
Address        4424 ANASTASIA CT  
City-State-Zip: TALLAHASSEE FL 32305

*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**

**03/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date