

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000001313

Entity Name: CRAWFORDVILLE TRACE HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 13, 2022
Secretary of State
7588040497CC**Current Principal Place of Business:**1241 WEST THARPE STREET
C19
TALLAHASSEE, FL 32303**Current Mailing Address:**P.O. BOX 6043
TALLAHASSEE, FL 32314 US**FEI Number: 81-5295878****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FOUR POINTS COMMUNITY ASSOCIATION MANAGEMENT
1241 WEST THARPE STREET
C19
TALLAHASSEE, FL 32303 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**04/13/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title	AT LARGE MEMBER
Name	BAYLOR, TIFFANY
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: FAYE COLEMAN**TREASURER****04/13/2022**

Electronic Signature of Signing Officer/Director Detail

Date