DOCUMENT# N9500000091		

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: CRESCENT PARK HOMEOWNERS ASSOCIATION, INC.

## **Current Principal Place of Business:**

C/O HMI 760 FLORIDA CENTRAL PKWY #200 LONGWOOD, FL 32750

## **Current Mailing Address:**

C/O HMI 760 FLORIDA CENTRAL PKWY #200 LONGWOOD, FL 32750 US

## FEI Number: 59-3308141

## Name and Address of Current Registered Agent:

HMI C/O HMI 760 FLORIDA CENTRAL PKWY #200 LONGWOOD, FL 32750 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.

LORIE FULKES		03/25/2020
Electronic Signature of Registered Agent		Date
or Detail :		
DIRECTOR	Title	TREASURER
TALBOT, LAURIE H	Name	EATON, JOANN M
C/O HMI 760 FLORIDA CENTRAL PKWY #200	Address	C/O HMI 760 FLORIDA CENTRAL PKWY #200
ONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750
DIRECTOR	Title	VP
CAVELLERI , ROBERT J	Name	SCHUSTER, DENNIS H
C/O HMI 760 FLORIDA CENTRAL PKWY #200	Address	C/O HMI 760 FLORIDA CENTRAL PKWY #200
ONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750
PRESIDENT	Title	SECRETARY
KINSCHERF, BARRY	Name	HAMZA, AMRO
C/O HMI 760 FLORIDA CENTRAL PKWY #200	Address	C/O HMI 760 FLORIDA CENTRAL PKWY #200
ONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750
DIRECTOR		
RODRIGUEZ-JIMENEZ, ADA		
C/O HMI 760 FLORIDA CENTRAL PKWY #200		
ONGWOOD FL 32750		
	Electronic Signature of Registered Agent <b>Dr Detail :</b> DIRECTOR ALBOT, LAURIE H 5/0 HMI 760 FLORIDA CENTRAL PKWY #200 ONGWOOD FL 32750 DIRECTOR CAVELLERI , ROBERT J 5/0 HMI 760 FLORIDA CENTRAL PKWY #200 ONGWOOD FL 32750 PRESIDENT LINSCHERF, BARRY 5/0 HMI 760 FLORIDA CENTRAL PKWY #200 ONGWOOD FL 32750 DIRECTOR CODRIGUEZ-JIMENEZ, ADA 5/0 HMI 760 FLORIDA CENTRAL PKWY #200	Electronic Signature of Registered Agent  DIRECTOR  ALBOT, LAURIE H  ALBOT, LAURIE H  Address  ONGWOOD FL 32750  DIRECTOR  City-State-Zip:  DIRECTOR  City-State-Zip:  DIRECTOR  City-State-Zip:  DIRECTOR  City-State-Zip:  City-State-Zip:  DIRECTOR  CITY-STATE-ZIP:

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	: BARRY KINSCHERF	PRESIDENT	03/25/2020
	Electronic Signature of Signing Officer/Director Detail		Date

Certificate of Status Desired: No