

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000091

**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**Certificate of Status Desired:** No**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.***SIGNATURE:** LORIE FULKES

04/14/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           EATON, JOANN M  
Address        C/O HMI  
                  760 FLORIDA CENTRAL PKWY #200  
City-State-Zip: LONGWOOD FL 32750

Title           PRESIDENT  
Name           GUERRERO, NOUVAL  
Address        C/O HMI  
                  760 FLORIDA CENTRAL PKWY #200  
City-State-Zip: LONGWOOD FL 32750

Title           VP  
Name           SEACORD, PIERRE  
Address        C/O HMI  
                  760 FLORIDA CENTRAL PKWY #200  
City-State-Zip: LONGWOOD FL 32750

Title           DIRECTOR  
Name           BAILEY, CASSANDRA  
Address        C/O HMI  
                  760 FLORIDA CENTRAL PKWY #200  
City-State-Zip: LONGWOOD FL 32750

Title           VP  
Name           SCHUSTER, DENNIS H  
Address        C/O HMI  
                  760 FLORIDA CENTRAL PKWY #200  
City-State-Zip: LONGWOOD FL 32750

Title           DIRECTOR  
Name           CRUZ, ELVIRA  
Address        C/O HMI  
                  760 FLORIDA CENTRAL PKWY #200  
City-State-Zip: LONGWOOD FL 32750

Title           DIRECTOR  
Name           FATTA, MICHAEL  
Address        C/O HMI  
                  760 FLORIDA CENTRAL PKWY #200  
City-State-Zip: LONGWOOD FL 32750

*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:** NOUVAL GUERRERO

PRESIDENT

04/14/2022

Electronic Signature of Signing Officer/Director Detail

Date