## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90084 033 \*\*\*\*61.25

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1. Entity Name
CROWN OAK CENTRE CONDOMINIUM ASSOCIATION,
INC.



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Principal Plac 530 CROWN LONGWOOD,	OAK CENTRI		Mailing Address 120 E. COLONIAL DRIVE ORLANDO, FL 32801 US			40088	<b>63</b> 6				
2 Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
·		less - NO F.O. BOX #	1516 E. HILL	CREST	T 57		<b>                                    </b>	BIDIS BLUIF BIBSI BIDII BIJ			
Suite, Apt.	#, etc.		Suite, Apt. #, etc. STE, 210			04440000	hg-NP CF	R2E037 (12/06)			
City & State	e		ORLANDO	FL		4. FEI Number 59-226873	30	— — — — — — — — — — — — — — — — — — —	pplied For at Applicable		
Zip		Country	32803	Country USA		5. Certificate of St	atus Desired	\$8.75 Add	litional		
	6. Name	and Address of Current R	<b>V-10</b> -		1	7. Name and Add	ress of New Regist	tered Agent			
MANOR, T		J		Name							
215 NO. E		01		Street A	Address (F	ldress (P.O. Box Number is Not Acceptable)					
				- 01				T =: -			
<b>9</b> 77				City				FL Zip Cod			
8. The above the obligat	named entity ions of regist	y submits this statement for I tered agent.	he purpose of changing its re	gistered office o	registere	ed agent, or both, in	the State of Florida.	I am familiar with,	and accept		
	Ň	VIII	_						1		
SIGNATURE .		in C									
	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE: R	Registered Agent signa	ture required	when reinstating)		DATE			
	-	e is \$61.25 lay 1, 2008	9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees		check payable to Department of St			
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10.		OFFICERS AND DIRE	CTORS	11,		DDITIONS/CHANG					
10.	TD	· · · · · ·	CTORS Delete	11.	TREI	DDITIONS/CHANG	 ES TO OFFICERS A				
TITLE NAME	CORCOR	AN, LEE	☐ Delete	TITLE NAME	TREI	DDITIONS/CHANG	 ES TO OFFICERS A	ND DIRECTORS IN	1 10		
TITLE NAME STREET ADDRESS	CORCOR 360 CRO	AN, LEE WN OAK CENTRE DRIV	☐ Delete	TITLE NAME STREET ADDRESS	TREI	DDITIONS/CHANG	 ES TO OFFICERS A	ND DIRECTORS IN	1 10		
TITLE NAME	CORCOR 360 CRO	AN, LEE	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREI DIE	DDITIONS/CHANG ASUBBE/SE ECTOR	L ES TO OFFICERS A ECRETARY	ND DIRECTORS IN	110		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORCOR 360 CRON LONGWO	AN, LEE WN OAK CENTRE DRIVI OOD, FL 32750	☐ Delete	TITLE NAME STREET ADDRESS	TREI DIE	DDITIONS/CHANG	L ES TO OFFICERS A ECRETARY	ND DIRECTORS IN	1 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CORCOR 360 CRON LONGWO SD NATION, 570 CRON	AN, LEE WN OAK CENTRE DRIVI OOD, FL 32750 MARK WN OAK CENTRE DRIV	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TREI DIE	DDITIONS/CHANG ASUBBE/SE ECTOR	L ES TO OFFICERS A ECRETARY	ND DIRECTORS IN	110		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORCOR 360 CRON LONGWO SD NATION, 570 CRON LONGWO	AN, LEE WN OAK CENTRE DRIVI OOD, FL 32750 MARK	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TREI DIE	DDITIONS/CHANG ASUBBR/SE ECTOR SIOENT/I	ES TO OFFICERS A ECRET ARY DIRECTOR	ND DIRECTORS IN Change Change	110		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORCOR 360 CRON LONGWO SD NATION, 570 CRON LONGWO	AN, LEE WN OAK CENTRE DRIVI IOD, FL 32750 MARK WN OAK CENTRE DRIVI IOD, FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP JITLE	TREI DIE	DDITIONS/CHANG ASUBBE/SE ECTOR	ES TO OFFICERS A ECRET ARY DIRECTOR	ND DIRECTORS IN Change Change	110		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #