

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 767502

1. Entity Name
CROWN RIDGE ESTATES HOMEOWNERS
ASSOCIATION INC.



Principal Place of Business
3017 BARON LANE
TALLAHASSEE, FL 32310 US

Mailing Address
3017 BARON LANE
TALLAHASSEE, FL 32310 US

FILED
04 APR 29 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TALLEY, HERBERT
2549 MARSTON RD
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPTD
BROWN, GLORIA
1548 LIETZ ROAD
TALLAHASSEE, FL 32310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HALL, MARY
4058 MORGAN ROAD
TALLAHASSEE, FL 32310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AD
BILLINS, ANNIE BELL
3021 BARON LANE
TALLAHASSEE, FL 32310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
RICHARDSON, LILA
3017 BARON LANE
TALLAHASSEE, FL 32310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FS
MCNEAL, NORMAE
1527 CROWN RIDGE RD.
TALLAHASSEE, FL 32310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TT
GALLON, EDDIE
2996 BARON LANE
TALLAHASSEE, FL 32310

300035733493
05/07/04--01019--011 **\$61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lila Richardson, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2004
Date Daytime Phone #