

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90313 028 ****61.25

DOCUMENT # N01000002838

1. Entity Name

CRESTWICK CROSSING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**2120 CORPORATE SQUARE BLVD. SUITE 3
JACKSONVILLE FL 32216**

Mailing Address

**2120 CORPORATE SQUARE BLVD. SUITE 3
JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3715599**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SEMANIK, JOHN A
2120 CORPORATE SQUARE BLVD, SUITE 3
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	SEMANIK, JOHN A	
STREET ADDRESS	2120 CORPORATE SQUARE BLVD, SUITE 3	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VD	☒ Delete
NAME	SEMANIK, ARNOLD J	
STREET ADDRESS	2120 CORPORATE SQUARE BLVD, SUITE 3	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	STD	☐ Delete
NAME	CARPENTER, KATHERINE S	
STREET ADDRESS	2120 CORPORATE SQUARE BLVD, SUITE 3	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	☐ Change ☒ Addition
NAME	JENNIE LESNIAK	
STREET ADDRESS	2120 CORPORATE SQ. BLVD #3	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)