2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008300

FILED Feb 15, 2006 Secretary of State

Entity Name: CROWN COLONY OF SEMINOLE COUNTY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

135 CROWN COLONY WAY SANFORD, FL 32771 US

Current Mailing Address: New Mailing Address:

135 CROWN COLONY WAY SANFORD, FL 32771 US

FEI Number: 32-0055325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NAGBE, STEPHEN

109 DOMINICAN CT
SANFORD, FL 32771 US

NAGBE, STEPHEN

109 DOMINION COURT
SANFORD, FL 32771 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: 02/15/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 SANTOS, RICHARD
 Name:
 SCOTT, BENJAMIN

 Address:
 159 CROWN COLONY WAY
 Address:
 104 DOMINION COURT

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:
 SANFORD, FL 32771

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 OYOLA, ANTONIO
 Name:
 RESNICK, MICHAEL

 Address:
 160 CROWN COLONY WAY
 Address:
 107 DOMINION COURT

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:
 SANFORD, FL 32771

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 GALLAGHER, ERIC
 Name:
 THOMAS, DWANE

 Address:
 138 CROWN COLONY WAY
 Address:
 105 DOMINION COURT

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:
 SANFORD, FL 32771

Title: D () Delete Title: () Change () Addition

 Name:
 CARDINALE, NICHOLAS
 Name:

 Address:
 103 CROWN COLONY WAY
 Address:

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:

Title: () Delete Title: TD () Change (X) Addition

Name: Name: SMITH, RHIAN

Address: Address: 148 CROWN COLONY WAY City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL RESNICK VPD 02/15/2006