

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000003588

1. Entity Name
CRESTWICK SOUTH HOMEOWNERS ASSOCIATION,
INC.



Principal Place of Business
2120 CORPORATE SQUARE BLVD.
#3
JACKSONVILLE, FL 32216 US

Mailing Address
2120 CORPORATE SQUARE BLVD.
#3
JACKSONVILLE, FL 32216 US



01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0158012

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEMANIK, JOHN A
2120 CORPORATE SQUARE BLVD. #3
JACKSONVILLE, FL 32216

**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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000670173
03/27/07-80103-001 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SEMANIK, JOHN A
STREET ADDRESS 2120 CORPORATE SQUARE BLVD. #3
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE VPD
NAME LESNIAK, JENNIE
STREET ADDRESS 2120 CORPORATE SQUARE BLVD. #3
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE TD
NAME CARPENTER, KATHERINE S
STREET ADDRESS 2120 CORPORATE SQUARE BLVD. #3
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE S
NAME LAMBERT, JILL
STREET ADDRESS 2120 CORPORATE SQUARE BLVD. #3
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Katherine S. Carpenter

3-9-07

(904) 724-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #