

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

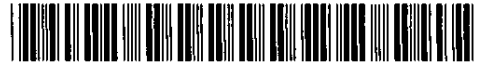
DOCUMENT # N03000007130

1. Entity Name
CROWN PARK AT BENJAMIN ROAD OWNERS
ASSOCIATION, INC.



Principal Place of Business
6015 S. BENJAMIN RD
314
TAMPA, FL 33634

Mailing Address
6015 S. BENJAMIN RD
314
TAMPA, FL 33634



04102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0659233

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, JOHN F
6015 S. BENJAMIN RD
314
TAMPA, FL 33634

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLEMAN, JOHN F
STREET ADDRESS	6015 BENJAMIN RD., #314
CITY - ST - ZIP	TAMPA, FL 33634
TITLE	VP
NAME	HEAD, MICHAEL
STREET ADDRESS	5805 BARRY ROAD
CITY - ST - ZIP	TAMPA, FL 33634
TITLE	ST
NAME	SABLER, LES
STREET ADDRESS	6015 S. BENJAMIN ROAD #314
CITY - ST - ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000710193
04/25/07-80033-022 61.25

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

4.10.07

Date

813-249-6105

Daytime Phone #