

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

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # N05000001637

1. Entity Name
SEQUOIA PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
12826 PECONIC CT
WEST PALM BEACH, FL 33414 US

Mailing Address
12826 PECONIC CT
WEST PALM BEACH, FL 33414 US



03042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2956415

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRESPO, MARIO
12826 PECONIC CRT
WEST PALM BEACH, FL 33414

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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

U000000701676
04/20/07-90066-005 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
CRESPO, MARIO
12826 PECONIC CT
WEST PALM BEACH, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
OWENSKI, IRENE
POB 1268
LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CRESPO, MILDRED
12826 PESCONIC CT
WEST PALM BEACH, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-07-07 561-753-2970