

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90034 045 \*\*\*\*61.25

DOCUMENT # N05000010036

1. Entity Name  
CRESCENT WOODS HOMEOWNERS ASSOCIATION,  
INC.



Principal Place of Business  
121 RAINTREE CT  
AUBURNDALE, FL 33823

Mailing Address  
P.O. BOX 95  
AUBURNDALE, FL 33823



02032008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4081766

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURMAN, DAVID L  
121 RAINTREE CT  
AUBURNDALE, FL 33823

**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 resigning)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME STRAWBRIDGE, FREDERICK  
STREET ADDRESS 5120 S LAKELAND DR #2  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE P  
NAME MCQUILLANGE, DUANE  
STREET ADDRESS 4683 SE 540A  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE D  
NAME MERRITT, YVONNE  
STREET ADDRESS 4683 SE 540A  
CITY-ST-ZIP LAKELAND, FL 33813

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

2/6/2008

Date

863-647-1200

Daytime Phone #