

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

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000011605	
1. Entity Name CRAWFORD POINTE HOMEOWNERS' ASSOCIATION INC.	
Principal Place of Business 672 E. DUVAL ST LAKE CITY, FL 32055	Mailing Address 672 E. DUVAL ST LAKE CITY, FL 32055



01152008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8294061	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KHACHIGAN, MARTHA J 672 E. DUVAL ST LAKE CITY, FL 32055

**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

000000790538

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

01/23/08-80037-023 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHACHIGAN, MARTHA J 362 N.W. STREAMSIDE CT LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, AUDREY S 1826 S.W. S.R. 47 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, SUE D 421 S.W. HARMONY LANE LAKE CITY, FL 32025
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:

Sue D. Lane **Sue D. Lane**

1-16-08

Date

386-752-4339

Daytime Phone #