2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N06000011605

Entity Name: CRAWFORD POINTE HOMEOWNERS' ASSOCIATION INC.

Current Principal Place of Business:

672 E. DUVAL ST
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

672 E. DUVAL ST
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 20-8294061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHACHIGAN, MARTHA J
672 E. DUVAL ST
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KHACHIGAN, MARTHA J
Address: 362 N.W. STREAMSIDE CT
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: BULLARD, AUDREY S
Address: 1826 S.W. S.R. 47
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete
Name: LANE, SUE D
Address: 421 S.W. HARMONY LANE
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: KHACHIGAN, MARTHA J
Address: 362 N.W. STREAMSIDE CT
City-St-Zip: LAKE CITY, FL 32055

Title: DV (X) Change ( ) Addition
Name: BULLARD, AUDREY S
Address: 1826 S.W. S.R. 47
City-St-Zip: LAKE CITY, FL 32025

Title: DST (X) Change ( ) Addition
Name: LANE, SUE D
Address: 421 S.W. HARMONY LANE
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA JO KHACHIGAN P 02/19/2009

Electronic Signature of Signing Officer or Director — Date