

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011605

FILED  
Feb 08, 2010  
Secretary of State

**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:** DP  
**Name:** KHACHIGAN, MARTHA J  
**Address:** 362 N.W. STREAMSIDE CT  
**City-St-Zip:** LAKE CITY, FL 32055

**Title:** DV  
**Name:** BULLARD, AUDREY S  
**Address:** 1826 S.W. S.R. 47  
**City-St-Zip:** LAKE CITY, FL 32025

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

I hereby 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 all other like empowered.

**SIGNATURE:** AUDREY S BULLARD

D

02/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date