## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9400003645

FILED Apr 08, 2009 Secretary of State

Date

Entity Name: CRESCENT OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

CRESCENT OAKS HOA CRESCENT OAKS HOA 6856 CRESCENT OAKS CIR 6861 CRESCENT OAKS CIR LAKELAND, FL 33813 LAKELAND, FL 33813

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 7321

LAKELAND, FL 33807 US

FEI Number: 59-3276778 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SENTNER, ALICIA MANNING, SUSAN 6856 CRESCENT OAKS CIR 6861 CRESCENT OAKS CIR LAKELAND, FL 33813 LAKELAND, FL 33813

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: SUSAN MANNING 04/08/2009

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete SAAVEDRA, CAROLE SAAVEDRA, CAROLE Name: Name: 6805 CRESCENT OAKS CIR Address: 6805 CRESCENT OAKS CIR Address:

City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813

(X) Change ( ) Addition Title: ( ) Delete Title: Name: SENTNER, ALICIA Name: MANNING, SUSAN

Address: 6856 CRESCENT OAKS CIR Address: 6861 CRESCENT OAKS CIR City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813

Title: () Delete Title: (X) Change ( ) Addition

JEFFARES, JACK BOTTINO, CLEMENT Name: Name: 6837 CRESCENT OAKS CIR 6824 CRESCENT OAKS CIR Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813

Title: () Delete Title: ( ) Change (X) Addition

Name: Name: WYNN, ANNIE LAURIE Address: Address: 6828 CRESCENT OAKS CIR City-St-Zip: City-St-Zip: LAKELAND, FL 33813

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: SUSAN MANNING Т 04/08/2009