

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 30, 2009
Secretary of State

DOCUMENT# N95000000091

Entity Name: CRESCENT PARK HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**498 PALM SPRINGS DR.
235
ALTAMONTE SPRINGS, FL 32701 US**New Principal Place of Business:**1801 COOK AVE
ORLANDO, FL 32806 US**Current Mailing Address:**498 PALM SPRINGS DR.
235
ALTAMONTE SPRINGS, FL 32701 US**New Mailing Address:**1801 COOK AVE
ORLANDO, FL 32806 US**FEI Number:** 59-3308141**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BOYLE, JAMES W
498 PALM SPRINGS DR.
STE. 235
ALTAMONTE SPRINGS, FL 32701 US**Name and Address of New Registered Agent:**ASHER, STEVEN D
1801 COOK AVE
ORLANDO, FL 32806 US

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: S. DEAN ASHER

07/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: WRIGHT, KELLY
Address: 3824 CRESCENT PARK BLVD
City-St-Zip: ORLANDO, FL 32812**Title:** D () Delete
Name: MCLOUTH, MIKE
Address: 6743 EQUINUX AVE
City-St-Zip: ORLANDO, FL 32812**Title:** D () Delete
Name: STUART, RITA
Address: 6748 CRESCENT PARK BLVD
City-St-Zip: ORLANDO, FL 32812**Title:** VP () Delete
Name: TALBOT, LAURIE
Address: 6736 SCIMITAR AVENUE
City-St-Zip: ORLANDO, FL 32812**Title:** D () Delete
Name: FISHER, EVELYN
Address: 3717 CRESCENT PARK
City-St-Zip: ORLANDO, FL 32812**Title:** D () Delete
Name: CREWS, DOUGLAS
Address: 3711 HALF MOON DR
City-St-Zip: ORLANDO, FL 32812**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: OWENS, DIANNA
Address: 3703 HALF MOON DRIVE
City-St-Zip: ORLANDO, FL 32812**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: TASHA TORRES

LCAM

07/30/2009

Electronic Signature of Signing Officer or Director

Date