2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000810

FILED Jan 20, 2009 Secretary of State

Entity Name: CRESCENT PARK PHASE 2 HOMEOWNERS ASSOCIATION, INC.

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

1750 W. BROADWAY ST 1750 W. BROADWAY ST

STE. 220 SUITE 220

OVIEDO, FL 32765 US OVIEDO, FL 32765 US

Current Mailing Address: New Mailing Address:

1750 W. BROADWAY ST 1750 W. BROADWAY ST

STE. 220 SUITE 220

OVIEDO, FL 32765 US OVIEDO, FL 32765 US

FEI Number: 59-3437153 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:

DAVIS, KEVIN DAVIS, KEVIN M 1150 W. BROADWAY ST 1750 W. BROADWAY ST

1750 W. BROADWAY ST STE. 220 OVIEDO, FL 32765 US 1750 W. BROADWAY ST SUITE 220 OVIEDO, FL 32765 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: KEVIN M. DAVIS 01/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: D () Delete Title: S (X) Change () Addition

 Name:
 PEREIRA, RACHEL
 Name:
 PEREIRA, RACHEL

 Address:
 3803 SEMINOLE DRIVE
 Address:
 3803 SEMINOLE DRIVE

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:
 ORLANDO, FL 32812

 Name:
 CAMPBELL, GLEN
 Name:
 HERETICK, MAUREEN

 Address:
 3872 SEMINOLE
 Address:
 3619 SEMINOLE DRIVE

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:
 ORLANDO, FL 32812

 $\label{eq:title:pd} \mbox{Title:} \qquad \mbox{PD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{(X) Change () Addition}$

 Name:
 HERETICK, MIKE
 Name:
 HERETICK, MIKE

 Address:
 3619 SEMINOLE DRIVE
 Address:
 3619 SEMINOLE DRIVE

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:
 ORLANDO, FL 32812

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

 Name:
 HERRETICK, MIKE
 Name:
 HALLER, MITCH

 Address:
 3619 SEMINOLE DR
 Address:
 3620 SEMINOLE DRIVE

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:
 ORLANDO, FL 32812

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

 Name:
 HERETICK, MAUREEN
 Name:

 Address:
 3619 SEMINOLE DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32812
 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: MAUREEN HERETICK P 01/20/2009