

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721191

Entity Name: CROWN OAKS, INC.**Current Principal Place of Business:**6925 LAKE ELLENOR DR
SUITE 115
ORLANDO, FL 32809**Current Mailing Address:**6925 LAKE ELLENOR DR
SUITE 115
ORLANDO, FL 32809 US**FEI Number:** 59-2480919**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SRK RESIDENTIAL COMMUNITIES
6925 LAKE ELLENOR DR
SUITE 115
ORLANDO, FL 32809 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	MANAGER
Name	KLOSTERMAN, STEPHEN R
Address	6925 LAKE ELLENOR DR SUITE 115
City-State-Zip:	ORLANDO FL 32809

Title	PRESIDENT
Name	VALENTINE, NOEL
Address	6925 LAKE ELLENOR DR SUITE 115
City-State-Zip:	ORLANDO FL 32809

Title	VP
Name	DUDLEY, STEPHEN
Address	6925 LAKE ELLENOR DR SUITE 115
City-State-Zip:	ORLANDO FL 32809

Title	SECRETARY
Name	GOODENOW, RACHAEL
Address	6925 LAKE ELLENOR DR SUITE 115
City-State-Zip:	ORLANDO FL 32809

Title	TREASURER
Name	ELLER, CHARISSA
Address	6925 LAKE ELLENOR DR SUITE 115
City-State-Zip:	ORLANDO FL 32809

Title	DIRECTOR
Name	KING, LISA
Address	6925 LAKE ELLENOR DR SUITE 115
City-State-Zip:	ORLANDO FL 32809

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: STEPHEN R KLOSTERMAN**MANAGER****03/22/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date