2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003669

Entity Name: OLSON CREST HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 04, 2025
Secretary of State
3733227977CC

Current Principal Place of Business:

1615 VILLAGE SQUARE BLVD

SUITE 3

TALLAHASSEE, FL 32309

Current Mailing Address:

1615 VILLAGE SQUARE BLVD SUITE 3

TALLAHASSEE, FL 32309 US

FEI Number: 20-4581321 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MY HOA SERVICES LLC 1615 VILLAGE SQUARE BLVD SUITE 3

TALLAHASSEE, FL 32309 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: BRADFORD R LEWIS 04/04/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

NameALLEN, GEORGE A IINameJOHNSON, ELLEN MAddress3254 GRANT CREEK TRLAddress3259 GRANT CREEK TRLCity-State-Zip:TALLAHASSEE FL 32309City-State-Zip:TALLAHASSEE FL 32309

Title AUTHORIZED REPRESENTATIVE Title DIRECTOR

Name CARLSON, KATHLEEN Name KAISER, KELSEY
Address 1615 VILLAGE SQUARE BLVD Address 2930 DASHA LANE

SUITE 3 City-State-Zip: TALLAHASSEE FL 32309

City-State-Zip: TALLAHASSEE FL 32309

Title T/D
Title DIRECTOR

Name NICHOLS, CYNTHIA Address 2909 CAYSON RIDGE
Address 2934 DASHA LANE City-State-Zip: TALLAHASSEE FL 32309

City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR

Name MCCARTY, EDITH

Address 3231 GRANT CREEK TRAIL
City-State-Zip: TALLAHASSEE FL 32309

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: KATHLEEN CARLSON AUTHORIZED REP 04/04/2025