

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006294

**FILED**  
**Feb 02, 2021**  
**Secretary of State**  
**2766642211CC**

**Entity Name:** CRESCENT HILLS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

627 CRESCENT HILLS PLACE  
LAKELAND, FL 33813

**Current Mailing Address:**

PO BOX 7613  
LAKELAND, FL 33807-7613

**FEI Number: 59-3426053**

**Certificate of Status Desired: No**

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

TYRE, JUNE  
627 CRESCENT HILLS PLACE  
LAKELAND, FL 33813 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 VP, SECRETARY, DIRECTOR  
Name TYRE, JUNE  
Address 627 CRESCENT HILLS PLACE  
City-State-Zip: LAKELAND FL 33813

Title TREASURER, DIRECTOR  
Name PIOTROWSKI, ELIZABETH  
Address 640 CRESCENT HILLS DRIVE  
City-State-Zip: LAKELAND FL 33813

Title PRESIDENT, DIRECTOR  
Name WALSH, MARK  
Address 745 CRESCENT HILLS DRIVE  
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR  
Name HUDGINS, JEAN  
Address 725 CRESCENT HILLS DRIVE  
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR  
Name WOOD, DAVID  
Address 720 CRESCENT HILLS DRIVE  
City-State-Zip: LAKELAND FL 33813

*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: ELIZABETH PIOTROWSKI**

**TREASURER**

**02/02/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date