

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33838** (6)
1. Corporation Name
CROWN COLONY VILLAGE ASSOCIATION, INC.

Principal Place of Business %MARK J. WOODWARD. ESQUIRE 801 LAUREL OAK DR., STE. 640 NAPLES FL 34108 US	Mailing Address %MARK J. WOODWARD. ESQUIRE 801 LAUREL OAK DR., STE. 640 NAPLES FL 33963
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3. Date Incorporated or Qualified 08/22/1989
4. FEI Number 65-0139484
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <i>Suite 710</i> 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 <i>Suite 710</i> 28 City & State 29 Zip 30 Country
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9. Name and Address of Current Registered Agent WOODWARD, MARK J. %WOODWARD & WOODWARD, P.A. 801 LAUREL OAK DRIVE, STE. 640 NAPLES FL 34108	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <i>Woodward, Pires & Lombardo, P.A.</i> 83 <i>Suite 710</i> 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DINARDO, ANTHONY	1.2 NAME	JOSEPH L PARISI
STREET ADDRESS	4001 TAMAMI TRAIL N STE 350	1.3 STREET ADDRESS	4001 TAMAMI TRAIL NORTH, SUITE 350
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL 34103
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, JOHN	2.2 NAME	
STREET ADDRESS	4001 TAMAMI TRAIL N., STE.350	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, MARK J.	3.2 NAME	<i>Suite 710</i>
STREET ADDRESS	801 LAUREL OAK DR #640	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARSAW, JANINE	4.2 NAME	
STREET ADDRESS	6585 NICHOLAS BLVD. #704	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IAIZZO, JOHN	5.2 NAME	
STREET ADDRESS	6573 MARISSA LOOP #1902	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENEMAN, ROBERT	6.2 NAME	
STREET ADDRESS	6585 NICHOLAS BLVD. #405	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anthony Dinardo*

04/15/98

941 434 2030

CR2E037 (10/97)