

FILE NOW: FILING FEE IS \$61.25

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**Apr 27, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N33838 (6)  
1. Corporation Name  
CROWN COLONY VILLAGE ASSOCIATION, INC.

Principal Place of Business Mailing Address  
c/o MARK J. WOODWARD, ESQ. c/o MARK J. WOODWARD, ESQ.  
SUITE 710 SUITE 710  
801 LAUREL OAK DRIVE 801 LAUREL OAK DRIVE  
NAPLES, FL 34108 NAPLES, FL 34108

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/22/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0139484	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 25		29 30			

**9. Name and Address of Current Registered Agent**

WOODWARD, MARK J.  
c/o WOODWARD, PIRE & LOMBARDO, P.A.  
801 LAUREL OAK DR., SUITE 710  
NAPLES, FL 34108

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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**

Signature, typed or printed name of registered agent and title if applicable. (NOT: 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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DINARDO, ANTHONY	1.2 NAME	BOLTON, JAMES
STREET ADDRESS	4001 TAMiami TR. N., STE 350	1.3 STREET ADDRESS	6573 MARISSA LOOP, #204
CITY-ST-ZIP	NAPLES, FL 34103	1.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARISI, JOSEPH L.	2.2 NAME	SCHMIGLE, BILL
STREET ADDRESS	4001 TAMiami TR. N., STE. 350	2.3 STREET ADDRESS	6573 MARISSA LOOP, #1901
CITY-ST-ZIP	NAPLES, FL 34103	2.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODWARD, MARK J.	3.2 NAME	PEABODY, CHRISTOPHER
STREET ADDRESS	801 LAUREL OAK DR., STE. 710	3.3 STREET ADDRESS	6585 NICHOLAS BLVD #805
CITY-ST-ZIP	NAPLES, FL 34108	3.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARSAW, JANINE	4.2 NAME	WOLFORTH, BOB
STREET ADDRESS	6585 NICHOLAS BLVD., #704	4.3 STREET ADDRESS	6549 MARISSA LOOP #26
CITY-ST-ZIP	NAPLES, FL 34108	4.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D <input checked="" 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 34108	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNEMAN, ROBERT	6.2 NAME	
STREET ADDRESS	6585 NICHOLAS BLVD., #405	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34108	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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Anthony Dinardo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Anthony Dinardo

04/12/99

Date

941 434 2030

Daytime Phone #

CR2E037 (11/98)