## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33838

FILED Mar 31, 2009 Secretary of State

Entity Name: CROWN COLONY VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:			
C/O ABILITY MANAGEMENT 6312 TRAIL BLVD. NAPLES, FL 34108 US					C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD. NAPLES, FL 34109 US			
Current Mailing Address:					New Mailing Address:			
C/O ABILITY MANAGEMENT P.O. BOX 770278 NAPLES, FL 34108 US					C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD. NAPLES, FL 34109 US			
FEI Number:	: 65-0139484	FEI Number Ap	plied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status	Desired ( )
Name and	Address o	f Current Registe	ered Agent:		Name and	Address	of New Registered A	gent:
LIVELY, DENNIS F ABILITY MANAGEMENT, INC 5312 TRAIL BLVD NAPLES, FL 34108 US					ABILITY MANAGEMENT, INC 6736 LONE OAK BLVD NAPLES, FL 34109 US			
	named entite of Florida.	ry submits this stat	tement for the p	urpose o	f changing i	ts registere	ed office or registered	agent, or both,
SIGNATU	RE: DENNI	S LIVELY					03/31/2009	
	Electr	onic Signature of	Registered Age	nt			Date	
OFFICER	S AND DIRE	CTORS:			ADDITION	IS/CHANG	ES TO OFFICERS AI	ND DIRECTO
Title: Name: Address: City-St-Zip:	O'BRIEN, SU 6537 MARIS	SA LOOP 3			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VLASHO, PA	N COLONY PL STE 1	01		Title: Name: Address: City-St-Zip:	V VLASHO, F 6525 CROV NAPLES, F	WN COLONY PL STE 101	
Title: Name: Address: City-St-Zip:	PEABODY, 0	LAS BLVD STE 805			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	RAINEY, JEI	LAS BLVD #401			Title: Name: Address: City-St-Zip:	S DUFFY, PA 6597 NICH NAPLES, F	OLAS BLVD #902	
Title: Name: Address: City-St-Zip:	DUFFY, PAL	LAS BLVD STE 902			Title: Name: Address: City-St-Zip:	VP JOHNSON, 6573 MARI NAPLES, F	SSA LOOP #1501	
Title: Name: Address: City-St-Zip:	D GASCOIGNE 6559 MARIS NAPLES, FL	SA LOOP			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DENNIS LIVELY RA 03/31/2009