


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29149

1. Corporation Name

CROWN POINT SPRINGS HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business

238 N. WESTMONTE DR.

ALTAMONTE SPRINGS FL 32716-7386
 US

Mailing Address

P.O. BOX 161606

ALTAMONTE SPRINGS FL 32716
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/07/1988	
22 City & State		27 City & State		4. FEI Number	
Suite 260				59-2917661	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/>	
Country		Country		Applied For	
24		29		Not Applicable	
25		30		8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WOMACK, ELLEN				81 Name	
238 N. WESTMONTE DR.				82 Street Address (P.O. Box Number is Not Acceptable)	
ALTAMONTE SPRINGS FL 32714				83 Suite 260	
				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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, ROGER		1.2 NAME	Steve Farrier	
STREET ADDRESS	1009 AUTUMN LEAF DR		1.3 STREET ADDRESS	1434 E. Spring Ridge Dr.	
CITY-ST-ZIP	WINTER GARDENS FL 34787		1.4 CITY-ST-ZIP	Winter Garden, FL	
TITLE	DVP	<input type="checkbox"/> DELETE	2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, JEFF		2.2 NAME		
STREET ADDRESS	1438 W SPRING RIDGE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL		2.4 CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLIAM, ZELLA		3.2 NAME	Cheryl Bates	
STREET ADDRESS	1036 DEPOT CT		3.3 STREET ADDRESS	1009 Spring Loop Way	
CITY-ST-ZIP	WINTER GARDEN FL		3.4 CITY-ST-ZIP	Winter Garden, FL	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISE, JUNIOR		4.2 NAME	Jack Miller	
STREET ADDRESS	1066 DEPOT CT		4.3 STREET ADDRESS	1014 Spring Loop Way	
CITY-ST-ZIP	WINTER GARDEN FL		4.4 CITY-ST-ZIP	Winter Garden, FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, LOUIS		5.2 NAME	Eric Bartell	
STREET ADDRESS	1521 E SPRING RIDGE CIR		5.3 STREET ADDRESS	1637 Spring Loop Way	
CITY-ST-ZIP	WINTER GARDEN FL		5.4 CITY-ST-ZIP	Winter Garden, FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, STEVEN		6.2 NAME		
STREET ADDRESS	1063 NARROW GAUGE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN 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, with all other like empowered.

SIGNATURE:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)