2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address
P.O. BOX 161606

ALTAMONTE SPRINGS FL 32716-1606

DOCUMENT # N29149

Entity Name

Principal Place of Business

ALTAMONTE SPRINGS FL 32716-7386

238 N. WESTMONTE DR.

STE 260

CROWN POINT SPRINGS HOMEOWNERS' ASSOCIATION, INC

2. Principal Place of Business 3. Mailing Address 225 S. Westmonte Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 2050 Applied For City & State City & State 4. FEI Number 59-2917661 Altamonte Springs, FL Not Applicable Country Country Zip \$8.75 Additional USA 5. Certificate of Status Desired П 32714 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Ellen R. Womack Street Address (P.O. Box Number is Not Acceptable) Womack, Ellen 225 S. Westmonte Drive 238 N. WESTMONTE DR. <u>Suite 205</u>0 **STE 260** Altamonte Springs **ALTAMONTE SPRINGS FL 32714** 8. 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 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees , FEE IS \$61.25 . ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ★ Addition TITLE DVP ☐ Delete TITLE NAME FARRIER, STEVE NAME Ken Talbot STREET ADDRESS STREET ADDRESS 1434 E. SPRING RIDGE DR 1511 E. Spring Ridge Circle CITY-ST-ZIP CITY-ST-ZIP WINTER GARDENS FL 34787 Winter Garden, FL 34787 ☐ Change ☐ Addition TITLE PD ☐ Delete TITLE ARNDT, JEFF NAME NAME STREET ADDRESS STREET ADDRESS 1438 W SPRING RIDGE CIR CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 🖸 Delete GILLIAM, ZELLA NAME STREET ADDRESS STREET ADDRESS 1036 DEPOT CT CITY-ST-ZIP CITY-ST-ZIP winter garden fl Change ■ Addition TITLE Delete 📈 NAME **WISE, JUNIOR** STREET ADDRESS STREET ADDRESS 1066 DEPOT CT CITY-ST-ZIP CITY-ST-ZIP winter garden fl Change Addition TITLE Delete NAME BATES, CHERYL NAME STREET ADDRESS STREET ADDRESS 1009 SPRING LOOP WAY CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL TITLE Addition TITLE ☐ Delete NAME NAME MILLER, JACK STREET ADDRESS STREET ADDRESS 1014 SPRING LOOP WAY CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____

GUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-14-2000

Daytime Phone #

FILED

May 02, 2000 8:00 am Secretary of State

05-02-2000 90060 019 ****61.25