

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90026 021 ****61.25

DOCUMENT # N29149

1. Entity Name

CROWN POINT SPRINGS HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business

225 S WESTMONTE DRIVE
 STE 2050
 ALTAMONTE SPRINGS FL 32714
 US

Mailing Address

P.O. BOX 161606
 ALTAMONTE SPRINGS FL 32716
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2917661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOMACK, ELLEN R
225 S WESTMONTE DRIVE
STE 2050
ALTAMONTE SPRINGS FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	FARRIER, STEVE	
STREET ADDRESS	1434 E. SPRING RIDGE DR	
CITY-ST-ZIP	WINTER GARDENS FL 34787	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ARNDT, JEFF	
STREET ADDRESS	1438 W SPRING RIDGE CIR	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TALBOT, KEN	
STREET ADDRESS	1511 E SPRING RIDGE CIRCLE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WISE, JUNIOR	
STREET ADDRESS	1066 DEPOT CT	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BATES, CHERYL	
STREET ADDRESS	1009 SPRING LOOP WAY	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, JACK	
STREET ADDRESS	1014 SPRING LOOP WAY	
CITY-ST-ZIP	WINTER GARDEN FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Langley	
STREET ADDRESS	1446 E. Spring Ridge Circle	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger Brown	
STREET ADDRESS	1009 Autumn Leaf Court	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Teresa Winfree	
STREET ADDRESS	1634 E. Spring Ridge Circle	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zella Gilliam	
STREET ADDRESS	1036 Depot Court	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Signature Required

5-4-01

407-877-9811

CR2E037 (10/00)