

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29149

1. Entity Name

CROWN POINT SPRINGS HOMEOWNERS' ASSOCIATION, INC

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90105 046 ****61.25

0065952

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
WOMACK, ELLEN R
225 S WESTMONTE DRIVE
STE 2050
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANGLEY, MARY	
STREET ADDRESS	1446 E. SPRING RIDGE CIR.	
CITY-ST-ZIP	WINTER GARDENS FL 34787	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ARNDT, JEFF	
STREET ADDRESS	1438 W SPRING RIDGE CIR	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BROWN, ROGER	
STREET ADDRESS	1009 AUTUMN LEAF CT.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WINFREE, TERESA	
STREET ADDRESS	1634 E. SPRING RIDGE CIR.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GILLIAM, ZELLA	
STREET ADDRESS	1036 DEPOT CT.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, JACK	
STREET ADDRESS	1014 SPRING LOOP WAY	
CITY-ST-ZIP	WINTER GARDEN FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter Jett	
STREET ADDRESS	1426 Spring Ridge Dr.	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANNE D. MOTTO	
STREET ADDRESS	1440 E. Spring Ridge Circle	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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: Roger Brown **SIGNATURE REQUIRED** Roger Brown President 3/25/02 407 656-9578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #