

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29149

FILED
Apr 19, 2007
Secretary of State

Entity Name: CROWN POINT SPRINGS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

225 S WESTMONTE DRIVE
STE 3310
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

New Mailing Address:

FEI Number: 59-2917661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S WESTMONTE DRIVE
STE 3310
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: MCKINNEY, MILLARD
Address: 1019 SPRING LANDING DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: DP () Delete
Name: WOOLLET, BRIAN
Address: 1074 ORANGE WHARF COURT
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: HOUSTON, GEORGE
Address: 14023 SPRING LOOP WAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: DST () Delete
Name: MOTTO, YVONNE D
Address: 1440 E SPRING RIDGE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: WINFREE, TERESA
Address: 1634 E. SPRING RIDGE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FLEMING, JASON
Address: 1073 NARROW GUAGE COURT
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the 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: ELLEN R. WOMACK

A

04/19/2007

Electronic Signature of Signing Officer or Director

Date