


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90368 041 ****61.25

DOCUMENT # 755478 1. Entity Name CROWN POINT BY THE SPRINGS CONDOMINIUM ASSOCIATION, INC.																																																																																																		
Principal Place of Business 118 NORTH WYMORE ROAD WINTER PARK, FL 32789 US		Mailing Address 118 NORTH WYMORE ROAD WINTER PARK, FL 32789 US																																																																																																
2. Principal Place of Business - No P.O. Box # HARA Management, Inc Suite, Apt. #, etc. 118 N. Wymore Rd City & State Winter Park, FL Zip 32789	3. Mailing Address HARA Management, Inc Suite, Apt. #, etc. 118 N. Wymore Rd City & State Winter Park, FL Zip 32789																																																																																																	
4. FEI Number 59-3027798	Applied For <input type="checkbox"/> Not Applicable																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																
6. Name and Address of Current Registered Agent HARA, ROBERT HARA MANAGEMENT, INC. 118 NORTH WYMORE ROAD WINTER PARK, FL 32789																																																																																																		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																		
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. I am familiar with, and accept the obligations of registered agent.																																																																																																		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																		
<div style="display: flex; justify-content: space-between;"> <div> Filing Fee is \$61.25 Due by May 1, 2007 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div> \$5.00 May Be Added to Fees </div> <div> Make check payable to Florida Department of State </div> </div>																																																																																																		
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PT MOYER, PAUL</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>4437 FOX ST</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ORLANDO, FL 32814</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD FORD, JULIANNE</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>902 W LAKESHORE DRIVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CLERMONT, FL 34711</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD RICH, SUSAN</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>155 CROWN POINT CIRCLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LONGWOOD, FL 32779</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD KELLY, LORIE</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>124 CROWN POINT CIRCLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LONGWOOD, FL 32779</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>John Neff</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>175 Crown Pt. Cir</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Longwood</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">John Neff</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>175 Crown Pt. Cir</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Longwood FL 32779</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>			TITLE	PT MOYER, PAUL	<input type="checkbox"/> Delete	NAME	4437 FOX ST		STREET ADDRESS	ORLANDO, FL 32814		CITY-ST-ZIP			TITLE	TD FORD, JULIANNE	<input checked="" type="checkbox"/> Delete	NAME	902 W LAKESHORE DRIVE		STREET ADDRESS	CLERMONT, FL 34711		CITY-ST-ZIP			TITLE	VD RICH, SUSAN	<input type="checkbox"/> Delete	NAME	155 CROWN POINT CIRCLE		STREET ADDRESS	LONGWOOD, FL 32779		CITY-ST-ZIP			TITLE	SD KELLY, LORIE	<input type="checkbox"/> Delete	NAME	124 CROWN POINT CIRCLE		STREET ADDRESS	LONGWOOD, FL 32779		CITY-ST-ZIP			TITLE	John Neff	<input type="checkbox"/> Delete	NAME	175 Crown Pt. Cir		STREET ADDRESS	Longwood		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	John Neff	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	175 Crown Pt. Cir		STREET ADDRESS	Longwood FL 32779		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																		

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