


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90109 028 ****61.25

DOCUMENT # 755478 1. Entity Name CROWN POINT BY THE SPRINGS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business HARA MANAGEMENT, INC. 118 N. WYMORE RD WINTER PARK, FL 32789 US		Mailing Address HARA MANAGEMENT, INC. 118 N. WYMORE RD WINTER PARK, FL 32789 US	
2. Principal Place of Business - No P.O. Box # 931 S. SEMORAN BLVD #214 Suite, Apt. #, etc.		3. Mailing Address 931 S. SEMORAN BLVD #214 Suite, Apt. #, etc.	
City & State Winter Park, FL Zip Country 32792		City & State Winter Park, FL Zip Country 32792	
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) 931 S. SEMORAN BLVD #214 City Winter Park, FL Zip Code 32792	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PT NAME MOYER, PAUL STREET ADDRESS 4437 FOX ST CITY-ST-ZIP ORLANDO, FL 32814	<input type="checkbox"/> Delete	TITLE V/D NAME JOHN P. NEFF STREET ADDRESS 175 CROWN POINT CIRCLE CITY-ST-ZIP LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME RICH, SUSAN STREET ADDRESS 155 CROWN POINT CIRCLE CITY-ST-ZIP LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	TITLE S/T/D NAME SUSAN Z. RICH STREET ADDRESS 155 CROWN POINT CIRCLE CITY-ST-ZIP LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME KELLY, LORIE STREET ADDRESS 124 CROWN POINT CIRCLE CITY-ST-ZIP LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	TITLE D NAME JOSE DALMA STREET ADDRESS 185 CROWN POINT CIRCLE CITY-ST-ZIP LONGWOOD, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME NEFF, JOHN STREET ADDRESS 175 CROWN POINT CR. CITY-ST-ZIP LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/8/08 <small>Date</small>	
		<small>Daytime Phone #</small>	