2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755478

FILED Apr 13, 2009 Secretary of State

Entity Name: CROWN POINT BY THE SPRINGS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

931 S. SEMORAN BLVD #214 931 S. SEMORAN BLVD

WINTER PARK, FL 32792 US SUITE #214

WINTER PARK, FL 32792 US

Current Mailing Address: New Mailing Address:

931 S. SEMORAN BLVD #214 931 S. SEMORAN BLVD

WINTER PARK, FL 32792 US SUITE #214

WINTER PARK, FL 32792 US

FEI Number: 59-3027798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARA, ROBERT
9315. SEMORAN. BLVD. #214
WINTER PARK, FL 32792 US
HARA MANAGEMENT, INC.
931 S. SEMORAN BLVD.
SUITE #214

WINTER PARK, FL 32792 US SUITE #214
WINTER PARK, FL 32792 US

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: ROBERT HARA 04/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VD () Delete Title: PD (X) Change () Addition

 Name:
 NEFF, JOHN P
 Name:
 MOYER, PAUL

 Address:
 175 CROWN POINT CIRCLE
 Address:
 4437 FOX STREET

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:
 ORLANDO, FL 32814

Title: STD () Delete Title: VPD (X) Change () Addition

Name: RICH, SUSAN Z Name: NEFF, JOHN

Address: 155 CROWN POINT CIRCLE Address: 175 CROWN POINT CIRCLE
City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete Title: STD (X) Change () Addition

Name: DALMA, JOSE Name: RICH, SUSAN

Address: 185 CROWN POINT CIRCLE Address: 155 CROWN POINT CIRCLE City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify 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: PAUL MOYER PRES 04/13/2009