

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90378 020 ****61.25

DOCUMENT # N00000003969 1. Entity Name CROWN COLONY COMMUNITY ASSOCIATION, INC.			
Principal Place of Business PARK AVENUE PROPERTY MGMT, LLC 10961 BONITA BEACH ROAD BONITA SPRINGS, FL 33413-5		Mailing Address PARK AVENUE PROPERTY MGMT, LLC 10961 BONITA BEACH ROAD BONITA SPRINGS, FL 33413-5	
2. Principal Place of Business - No P.O. Box # 7400 TAMiami TRAIL N		3. Mailing Address 7400 TAMiami TRail N.	
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. 101	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34108		Zip 34108	
Country		Country	
4. FEI Number 59-3723494		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 PARK AVENUE PROPERTY MGMT, LLC 10961 BONITA BEACH ROAD BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name Jeff Mitchell Street Address (P.O. Box Number is Not Acceptable) Compass Group Mgmt 7400 Tamiami Trail N # 101 City Naples FL Zip Code 34108	
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.</small>		Managing Partner <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 04/17/08 <small>DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	DS KEANE, RAY 16218 CROWN ARBOR WAY FT. MYERS, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
DV STEWART, ROBERT 16277 CROWN ARBOR WAY FT. MYERS, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Secretary Chris Thompson 16440 Mount Abbey Way # 102 Ft. Myers, FL 33908
DP, VP HAHN, LARRY 16121 CHZCLALYN WY FT. MYERS, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DT OCHESTER, RAYMOND 8833 NEW CASTLE DR FT. MYERS, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DV, Pres. TRUSK LINDA 8921 DARTMOOR WAY FT. MYERS, FL	<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 an address, with all other like empowered.			
SIGNATURE:		LINDA M. TRUSK	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/22/08 Daytime Phone # 239-454-5122	