FILED
Jun 09, 2003 8:00 am
Secretary of State
05-14-2003 90129 049 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007572 (L)

1. Entity Name
ST. GEORGE ONE AT CROWN POINTE CONDOMINIUM ASSOC IATION, INC.

44003618

[redacted]

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
~~ADVANCED PROPERTY MANAGEMENT SERVICES~~	C/O KRAMER-TRIAD MANAGEMENT GROUP LLC
37 MENTOR DRIVE	5732 LONE OAK BLVD
NAPLES FL 34110	NAPLES FL 34109-6834

2. Principal Place of Business	3. Mailing Address
St. George I Condo Assn.	
Suite, Apt. #, etc. 2786 W. Crown Pointe Blvd	Suite, Apt. #, etc.
City & State Naples, FL	City & State 2786 W. Crown Pointe Blvd Naples, FL
Zip 34112 Country USA	Zip 34112 Country USA

4. FEI Number 59-3682379 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, SUSAN L C/O ADVANCED PROPERTY MANAGEMENT SERVICES 37 MENTOR DRIVE NAPLES FL 34110	Name: Kramer-Triad Mgmt Group, LLC Street Address (P.O. Box Number is Not Acceptable): 2786 W. Crown Pointe Blvd. City: Naples [redacted] FL Zip Code: 34112

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: Joseph C Adams (Joseph C. Adams) DATE: 6/4/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $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	D RIOPELLE, MIKE 1782 REUVEN CIR #1204 NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASEY, JOHN 1750 REUVEN CIR #1601 NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, LARRY 1747 REUVEN CIR #1704 NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael A Riopelle MICHAEL A. RIOPELLE 2/4/03 239 417-5477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #