

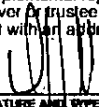


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # N06000005957			
1. Entity Name CROWN POINTE OF SPRING HILL HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1135 EAST AVE CLERMONT, FL 34711	Mailing Address 1135 EAST AVE CLERMONT, FL 34711		
DO NOT WRITE IN THIS SPACE			
		04012008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 51-0581179	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
LADD, DALE J 1135 EAST AVE CLERMONT, FL 34711		DO NOT WRITE IN THIS SPACE	
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> DATE _____			
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
		U000000907802 05/06/08-80002-022 61.25	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LADD, DALE J 1135 EAST AVE CLERMONT, FL 34711		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LADD, DARRYL A 1135 EAST AVE CLERMONT, FL 34711		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LADD, NANCY 1135 EAST AVE CLERMONT, FL 34711		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		Date <u>4/16/08</u> 352-394-8686	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	