

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # N15179



1. Entity Name  
CROWN POINT WOODS HOMEOWNERS' ASSOCIATION,  
INC.

Principal Place of Business  
P O BOX 183  
OCOEE FL 34761-7183

Mailing Address  
P O BOX 183  
OCOEE FL 34761-7183

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04-26-2007 90205 028 \*\*\*\*61.25

**FILED  
Apr 26, 2007 8:00 am  
Secretary of State**



1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
NO-T APPLICABLE	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

ROMANO, LISA  
1715 CROWN PT WOODS CR.  
OCOEE FL 34761

**7. Name and Address of New Registered Agent**

Name	CENTRE ASSOCIATION MANAGEMENT	
Street Address (P.O. Box Number is Not Acceptable)	14125 SERENITY LAKE DR LLC	
City	ORLANDO	Zip Code
	FL	32837

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

*Michael A. Kieser, as, Secy to  
ROMANO, LISA*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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	S FERGUSON, SHANNON 1284 LOG LANDING DR OCOEE FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Peter de Paiva 1114 CROWN POINT WOODS CIR OCOEE FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROMANO, LISA 1715 CROWN PT WOODS CIR OCOEE FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Margaret Borowski 1272 Log Landing Dr OCOEE FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADDISON, EDWARD 1714 CROWN PT WOODS CIR OCOEE FL 34761	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLER, KEVIN 1727 CROWN PT WOODS CIR OCOEE FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 Section 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** *Lisa Romano Lisa Romano* **3-15-07 407-402-0348**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daytime Phone #