

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18717

1. Entity Name

CROWNPOINTE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4400 W SAMPLE ROAD  
STE 200  
COCONUT CREEK FL 33073  
US

4400 W SAMPLE ROAD  
STE 200  
COCONUT CREEK FL 33073  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2742737

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

GREENBERG, MICHAEL  
4400 W SAMPLE ROAD  
STE 200  
COCONUT CREEK FL 33073

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME JOANISSE, PHILIPPE ☐ Delete  
STREET ADDRESS 4400 W SAMPLE ROAD, STE 200  
CITY-ST-ZIP COCONUT CREEK FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME CLEMENT, GARY ☐ Delete  
STREET ADDRESS 4400 W SAMPLE RD., STE. 200  
CITY-ST-ZIP COCONUT CREEK FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD  
NAME RODGERS, FRANK ☐ Delete  
STREET ADDRESS 4400 W SAMPLE ROAD, STE 200  
CITY-ST-ZIP COCONUT CREEK FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Frank Rodgers*

FRANK RODGERS 4/28/01 954-973-4490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90148 028 \*\*\*\*61.25

00048873



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)