FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:12

DOCUMENT # [redacted] (1)

1. Corporation Name

CROWNE POINTE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2786 WEST CROWN POINTE BLVD. NAPLES FL 33962	2786 WEST CROWN POINTE BLVD. NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1987
3a. Date of Last Report: 06/01/1994
4. FEI Number: 65-0203325 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CRAWFORD, J. STEPHEN
5551 RIDGEWOOD DR. #203
NAPELS FL 33963

10. Name and Address of New Registered Agent

81 Name: KRAMER, ROGER
82 Street Address (P.O. Box Number is Not Acceptable): 2786 W CROWN POINTE BLVD
83
84 City: NAPLES FL 85 Zip Code: 33963

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Roger Kramer ROGER KRAMER 3-9-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SLAVICK, JOSEPH F	1.2 NAME	CORACE, RICHARD	
STREET ADDRESS	32605 W 12 MILE #350	1.3 STREET ADDRESS	5551 RIDGEWOOD DR. STE N202	
CITY-ST-ZIP	FARMINGTON HILLS MI	1.4 CITY-ST-ZIP	NAPLES, FL 33963	
TITLE	VTD	2.1 TITLE	VTD	☒ Change ☐ Addition
NAME	SLAVIK, RONALD	2.2 NAME	MONGILLO, RON	
STREET ADDRESS	32605 W 12 MILE #350	2.3 STREET ADDRESS	2100 PICCADILLY CIRCUS	
CITY-ST-ZIP	FARMINGTON HILLS MI	2.4 CITY-ST-ZIP	NAPLES, FL. 33963	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	ROSENHAUS, MELVIN	3.2 NAME	IDLER, NERM	
STREET ADDRESS	31555 14 MILE RD #204	3.3 STREET ADDRESS	2972 W. CROWN POINTE BLVD.	
CITY-ST-ZIP	FARMINGTON HILLS MI	3.4 CITY-ST-ZIP	NAPLES, FL 33962	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] President 3/5/95 813-566-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD CORACE

COR1597