


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N23097 (1)**  
1. Corporation Name  
**CROWNE POINTE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>2786 WEST CROWN POINTE BLVD. NAPLES FL 34112 US</b>	Mailing Address <b>2786 WEST CROWN POINTE BLVD. NAPLES FL 33962</b>
---	--

3. Date Incorporated or Qualified <b>10/20/1987</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>65-0203325</b>		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**KRAMER, ROGER  
2786 W. CROWN POINTE BLVD.  
NAPLES FL 34112**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>CORACE, RICHARD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD.</b>	<b>MICHAEL PEDONE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5551 RIDGEWOOD DRIVE, STE H203</b>	1.2 NAME	<b>5174 HARRY DR</b>
STREET ADDRESS	<b>NAPLES FL</b>	1.3 STREET ADDRESS	<b>NAPLES, FL. 34112</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<b>MONGILLO, RON</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>V.P.D.</b>	<b>IDLER, HERM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2100 PICCADILLY CIRCUS</b>	2.2 NAME	<b>2972 W. CROWN POINTE BLVD.</b>
STREET ADDRESS	<b>NAPLES FL</b>	2.3 STREET ADDRESS	<b>NAPLES, FL. 34112</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<b>IDLER, HERM</b> <input type="checkbox"/> DELETE	3.1 TITLE <b>SD</b>	<b>CELSNAK, FRANK</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2972 W. CROWN POINTE BLVD.</b>	3.2 NAME	<b>81-7202 SILVER OAKS CIR.</b>
STREET ADDRESS	<b>NAPLES FL</b>	3.3 STREET ADDRESS	<b>NAPLES, FL. 34119</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>DIR</b>	<b>CORACE, BEN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>5551 RIDGEWOOD DR, STE H203</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>NAPLES, FL. 34108</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>TREAS, APPOINTED.</b>	<b>LANIGAN, EDWARD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>2896 W. CROWN PTE BLVD</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>NAPLES, FL. 34112</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b>DIR.</b>	<b>ELIAS, DAN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>4206 ENTERPRISE AVE, AT</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>NAPLES, FL. 34104</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Frank Celtnak* **CELSNAK, FRANK** 1/7/98 941-793-6533

CR2E037 (10/97)