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03-02-1999 90107 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23097

1. Corporation Name
CROWNE POINTE COMMUNITY ASSOCIATION, INC.

Principal Place of Business 2786 WEST CROWN POINTE BLVD. NAPLES FL 34112 US	Mailing Address 2786 WEST CROWN POINTE BLVD. NAPLES FL 33962
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/20/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0203325
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KRAMER, ROGER
 2786 W. CROWN POINTE BLVD.
 NAPLES FL 34112
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10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEDONE, MICHAEL	
STREET ADDRESS	5174 MABRY DR	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	IDLER, HERM	
STREET ADDRESS	2972 W CROWN POINTE BLVD.	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CELSNAK, FRANK	
STREET ADDRESS	81-7202 SILVER OAKS CIR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORACE, BEN	
STREET ADDRESS	5551 RIDGEWOODDR, STE. H203	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LANIGAN, EDWARD	
STREET ADDRESS	2896 W CROWN PTE BLVD	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELIAS, DAN	
STREET ADDRESS	4206 ENTERPRISE AVE, A7	
CITY-ST-ZIP	NAPLES FL 34104	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D FOTE, WILLIAM
4.3 STREET ADDRESS	5184 HARROGATE
4.4 CITY-ST-ZIP	NAPLES, FL. 34112
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D STACY, GERALD
6.3 STREET ADDRESS	2018 E. CROWN PTE. BLVD
6.4 CITY-ST-ZIP	NAPLES, FL. 34112

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, with all other like empowered.

SIGNATURE: Frank Celtnak **CELSNAK, FRANK, SECY** 1/21/99 941-793-6533
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)