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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
03-13-2001 90302 003 ****61.25

DOCUMENT # N23097

1. Entity Name

CROWNE POINTE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2786 WEST CROWN POINTE BLVD. NAPLES FL 34112 US	2786 WEST CROWN POINTE BLVD. NAPLES FL 33962

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-0203325 ☐ 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
~~KRAMER, ROGER~~ KRAMER-TRIAD MGMT. GROUP, LLC 2788 W. CROWN POINTE BLVD. NAPELS FL 34112	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] C.A. III 3/20/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PEDONE, MICHAEL 5174 MABRY DR NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSEPH FLETCHER 2020 W. CROWN POINTE BLVD. NAPLES, FL 34112	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD IDLER, HERM 2972 W. CROWN POINTE BLVD. NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERALD SELLAR 3420 W. CROWN POINTE BLVD. NAPLES, FL 34112	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREDRICKSON, ROBERT 1756 ROYAL CIRCLE NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOTE, WILLIAM 5184 HARROGATE NAPLES FL 34412	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAROSKA, MICHAEL 5065 MABRY DRIVE NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN GILL 3142 W. CROWN POINTE BLVD. NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: [signature] President 3/20/01 941-793-6533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #