

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23097

FILED
Apr 24, 2007
Secretary of State

Entity Name: CROWNE POINTE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2786 WEST CROWN POINTE BLVD.
NAPLES, FL 34112 US

New Principal Place of Business:

%GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109 US

Current Mailing Address:

2786 WEST CROWN POINTE BLVD.
NAPLES, FL 34112

New Mailing Address:

6700 LONE OAK BLVD
NAPLES, FL 34109

FEI Number: 65-0203325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER-TRIAD MANAGEMENT GROUP, LLC
3050 W. HORSHOE DRIVE
SUITE 275
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

ROSS, BYRON
6700 LONE OAK BLVD
NAPLES, FL 34109 US

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: BYRON ROSS

04/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: FLETCHER, JOSEPH
Address: 2020 WEST CROWN POINTE BLVD
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: IDLER, HERM
Address: 2972 W CROWN POINTE BLVD.
City-St-Zip: NAPLES, FL 34112

Title: DP () Delete
Name: FREDRICKSON, ROBERT
Address: 1756 ROYAL CIRCLE
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: FOTE, WILLIAM
Address: 5184 HARROGATE
City-St-Zip: NAPLES, FL 34412

Title: D () Delete
Name: BECKNEL, GERALD P
Address: 3310 W. CROWN POINTE BLVD #201
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: POLESCHNER, BARBARA
Address: 3060 WEST CROWN POINTE BOULEVARD
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: FREDRICKSON, ROBERT
Address: 1756 ROYAL CIRCLE
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: LANIGAN, ED
Address: 2896 W. CROWN POINTE BLVD
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON ROSS

MGR

04/24/2007

Electronic Signature of Signing Officer or Director

Date