

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90129 047 ****61.25

DOCUMENT # N23097

1. Entity Name

CROWNE POINTE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**2788 WEST CROWN POINTE BLVD.
NAPLES FL 34112
US**

Mailing Address

**2788 WEST CROWN POINTE BLVD.
NAPLES FL 33962**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAMER-TRIAD MANAGEMENT GROUP, LLC
2788 W. CROWN POINTE BLVD.
NAPLES 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PO** ☒ Delete
NAME **PEDONE, MICHAEL**
STREET ADDRESS **5174 MABRY DR**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **FLETCHER, JOSEPH**
STREET ADDRESS **2020 WEST CROWN POINTE BLVD.**
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **VPD** ☐ Delete
NAME **IDLER, HERM**
STREET ADDRESS **2972 W CROWN POINTE BLVD.**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FREDRICKSON, ROBERT**
STREET ADDRESS **1756 ROYAL CIRCLE**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **PIKE, ALBERT**
STREET ADDRESS **3270 WEST CROWN POINTE BLVD.**
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **D** ☐ Delete
NAME **FOTE, WILLIAM**
STREET ADDRESS **5184 HARROGATE**
CITY-ST-ZIP **NAPLES FL 34412**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **MIKE RIOPELLE**
STREET ADDRESS **1782 REUVEN CIRCLE #4**
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **D** ☐ Delete
NAME **JAROSKA, MICHAEL**
STREET ADDRESS **5065 MABRY DRIVE**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GILL, JOHN**
STREET ADDRESS **3142 WEST CROWN POINTE BOULEVARD**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerments.

SIGNATURE:

SIGNATURE REQUIRED

4/9/03

Date

Daytime Phone #

CR2E037 (10/02)