2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24719

FILED Mar 16, 2005 Secretary of State

Entity Name: CROWN POINTE EAST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2786 W. CROWN POINTE BLVD NAPLES, FL 34112 US

Current Mailing Address: New Mailing Address:

2786 W. CROWN POINTE BLVD NAPLES, FL 34112 US

FEI Number: 65-0158059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KRAMER-TRIAD MGMT GROUP LLC.
2786 W. W. CROWN POINTE BLVD
NAPLES, FL 34112 US

KRAMER-TRIAD MGMT GROUP LLC.
3050 N. HORSESHOE DRIVE
SUITE 275
NAPLES, FL 34112 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.

03/16/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

SIGNATURE:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: DP (X) Change () Addition Name: MOYNIHAN, LAWRENCE J Name: FOTE, WILLIAM Address: 2381 PICADILLY CIRCLE Address: 5184 HARROGATE COURT

 Address:
 2381 PICADILLY CIRCLE
 Address:
 5184 HARROGATE COURT

 City-St-Zip:
 NAPLES, FL 34112
 City-St-Zip:
 NAPLES, FL 34112

Title: TD () Delete Title: DT (X) Change () Addition Name: JAROSKA, MICHAEL R Name: STONE, WINONA

 Address:
 5065 MABRY DR
 Address:
 2076 PICCADILLY CIRCUS

 City-St-Zip:
 NAPLES, FL 3412
 City-St-Zip:
 NAPLES, FL 34112

Title: D () Delete Title: DV (X) Change () Addition

Name: KRUESEL, MARVIN
Address: 1958 EAST CROWN POINTE BLVD
Address: 1958 EAST CROWN POINTE BLVD
Address: 1958 EAST CROWN POINTE BLVD

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

y-51-21p. NAPLES, PL 34112 City-51-21p. NAPLES, PL 3411

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOE ADAMS CAM 03/16/2005