FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29149 **(4)**

1. Corporation Name

CROWN POINT SPRINGS HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
445 DOUGLS AVENUE. SUITE 2205-C P O BOX 160366 ALTAMONTE SPRINGS FL 32716-7366 US	445 DOUGLAS AVENUE. SOUTH - 2220SC P.O. BOX 160366 ALTAMONTE SPRINGS FL 32716-7366 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1988
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2917661 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WOMACK, ELLEN
445 DOUGLAS AVE
445 DOUGLAS AVENUE, SUITE 2205-C
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	BRADTKE, JOE	1.2 NAME	PD Roger Brown
STREET ADDRESS	1684 E. SPRING RIDGE CIRCLE	1.3 STREET ADDRESS	1009 Autumn Leaf Dr.
CITY-ST-ZIP	WINTER GARDENS FL	1.4 CITY-ST-ZIP	Winter Garden, Fl 34787
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	FALLUCCA, LYN	2.2 NAME	VP Ken Talbot
STREET ADDRESS	1039 SPRING LOOP DRIVE	2.3 STREET ADDRESS	1511 E. Springe Ridge Cir
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	Winter Garden, Fl
TITLE	VD	3.1 TITLE	Treas. ☒ Change ☐ Addition
NAME	SCHNULLE, KEITH	3.2 NAME	Chris Valentine
STREET ADDRESS	1530 SPRING RIDGE CIRCLE	3.3 STREET ADDRESS	1541 Spring Ridge Cir.
CITY-ST-ZIP	WINTER GARDENS FL	3.4 CITY-ST-ZIP	Winter Garden, Fl.
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	VALENTINE, CHRIS	4.2 NAME	Sec. Lyn Fallucca
STREET ADDRESS	1541 SPRING RIDGE CIR	4.3 STREET ADDRESS	1039 Spring Loop Way
CITY-ST-ZIP	WINTER GARDEN FL	4.4 CITY-ST-ZIP	Winter Garden, Fl
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	POWELL, TAYLOR	5.2 NAME	Louis Edwards
STREET ADDRESS	1442 SPRING RIDGE CIRCLE	5.3 STREET ADDRESS	1521 E. Spring Ridge Cir.
CITY-ST-ZIP	WINTER GARDENS FL	5.4 CITY-ST-ZIP	Winter Garden, Fl
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	TALBOT, KEN	6.2 NAME	D Keith Schnulle
STREET ADDRESS	1511 E. SPRING RIDGE CIRCLE	6.3 STREET ADDRESS	1530 Spring Ridge Cir.
CITY-ST-ZIP	WINTER GARDENS FL	6.4 CITY-ST-ZIP	Winter Garden, Fl 34787

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Roger Brown **PRESIDENT** 4-24-95 (407)656-9572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0881043