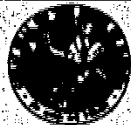


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N29149

(4)

1. Corporation Name

CROWN POINT SPRINGS HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business

**445 DOUGLAS AVENUE, SUITE 2205-C
P O BOX 180386
ALTAMONTE SPRINGS FL 32716-7386
US**

Mailing Address

**445 DOUGLAS AVENUE, SOUTH - 22205C
P.O. BOX 180386
ALTAMONTE SPRINGS FL 32716-7386
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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRADTKE, JOE
STREET ADDRESS	1684 E-SPRING RIDGE CIRCLE
CITY-ST-ZIP	WINTER GARDENS FL
TITLE	VD
NAME	FALLUCCA, LYN
STREET ADDRESS	1039 SPRING LOOP DRIVE
CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	VD
NAME	SCHNULLE, KEITH
STREET ADDRESS	1530 SPRING RIDGE CIRCLE
CITY-ST-ZIP	WINTER GARDENS FL
TITLE	D
NAME	VALENTINE, CHRIS
STREET ADDRESS	1541 SPRING RIDGE CIR
CITY-ST-ZIP	WINTER GARDEN FL
TITLE	D
NAME	POWELL, TAYLOR
STREET ADDRESS	1442 SPRING RIDGE CIRCLE
CITY-ST-ZIP	WINTER GARDENS FL
TITLE	D
NAME	TALBOT, KEN
STREET ADDRESS	1511 E. SPRING RIDGE CIRCLE
CITY-ST-ZIP	WINTER GARDENS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	Roger Brown	
1.3 STREET ADDRESS	1009 Autumn Leaf Dr.	
1.4 CITY-ST-ZIP	Winter Garden, FL 34787	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	Ken Talbot	
2.3 STREET ADDRESS	1511 E. Springe Ridge Cir	
2.4 CITY-ST-ZIP	Winter Garden, FL	
3.1 TITLE	Treas.	☒ Change ☐ Addition
3.2 NAME	Chris Valentine	
3.3 STREET ADDRESS	1541 Spring Ridge Cir.	
3.4 CITY-ST-ZIP	Winter Garden, FL	
4.1 TITLE	Sec.	☒ Change ☐ Addition
4.2 NAME	Lyn Fallucca	
4.3 STREET ADDRESS	1039 Spring Loop Way	
4.4 CITY-ST-ZIP	Winter Garden, FL	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Louis Edwards	
5.3 STREET ADDRESS	1521 E. Spring Ridge Cir.	
5.4 CITY-ST-ZIP	Winter Garden, FL	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	Keith Schnulle	
6.3 STREET ADDRESS	1530 Spring Ridge Cir.	
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 199.07(3)(b), 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

Signature and typed or printed name of signing officer or director

4-24-95 (407)656-9572

Date

Signature/Phone #