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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 160386 ALTAMONTE SPRINGS FL 32716-7386 US	445 DOUGLAS AVENUE. SOUTH - 2220SC P.O. BOX 160386 ALTAMONTE SPRINGS FL 32716-0386 US

3. Date Incorporated or Qualified: 11/07/1988
3a. Date of Last Report: 04/11/1996

2. Principal Place of Business	2a. Mailing Address
21 238 N. Westmonte Dr.	26 P.O. Box 161606
Suite, Apt. #, etc. 22 Suite 105	Suite, Apt. #, etc. 27 --
City & State 23 Altamonte Springs, FL	City & State 28 Altamonte Springs, FL
Zip 24 32714 Country 25 USA	Zip 29 32716 Country 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: Ellen R. Womack
82 Street Address (P.O. Box Number is Not Acceptable): 238 N. Westmonte Drive, Suite 105
83
84 City: Altamonte Springs FL 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Ellen R. Womack 4/2/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	DV	☐ Change ☒ Addition
NAME	BROWN, ROGER		1.2 NAME	Joseph Bradtke	
STREET ADDRESS	1009 AUTUMN LEAF DR		1.3 STREET ADDRESS	1664 E. Spring Ridge Circle	
CITY-ST-ZIP	WINTER GARDENS FL		1.4 CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	VP	☒ DELETE	2.1 TITLE	DS	☐ Change ☒ Addition
NAME	TALBOT, KEN		2.2 NAME	Karen Klempel	
STREET ADDRESS	1511 E. SPRINGE RIDGE CIR		2.3 STREET ADDRESS	1049 Autumn Leaf Drive	
CITY-ST-ZIP	WINTER SPRINGS FL		2.4 CITY-ST-ZIP	Winter Springs, FL	
TITLE	TD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	PISZCZOR, STEVE		3.2 NAME	Mary Langley	
STREET ADDRESS	1417 SPRING RIDGE CIR		3.3 STREET ADDRESS	1446 E. Spring Ridge Circle	
CITY-ST-ZIP	WINTER GARDEN FL		3.4 CITY-ST-ZIP	Winter Garden, FL	
TITLE	S	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	FALLUCCA, LYN		4.2 NAME	Zella Gilliam	
STREET ADDRESS	1039 SPRING LOOP WAY		4.3 STREET ADDRESS	1036 Depot Court	
CITY-ST-ZIP	WINTER GARDEN FL		4.4 CITY-ST-ZIP	Winter Garden, FL	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, LOUIS		5.2 NAME		
STREET ADDRESS	1521 E. SPRING RIDGE CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDENS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MONTGOMERY, STEVEN		6.2 NAME		
STREET ADDRESS	1063 NARROW GAUGE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 SIGNATURE REQUIRED Roger Brown 4/2/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0013268