

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29149 (4)
1. Corporation Name
CROWN POINT SPRINGS HOMEOWNERS' ASSOCIATION, INC



Principal Place of Business 238 N. WESTMONTE DR. ALTAMONTE SPRINGS FL 32716-7306 US	Mailing Address P.O. BOX 161606 ALTAMONTE SPRINGS FL 32716 US
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3. Date Incorporated or Qualified 11/07/1988
4. FEI Number 59-2917661
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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business 21 Suite 260	2a. Mailing Address 26 Suite 260
City & State 23 City & State	City & State 27 City & State
Zip 24 Zip	Country 25 Country
Zip 29 Zip	Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOMACK, ELLEN
238 N. WESTMONTE DR.
ALTAMONTE SPRINGS FL 32714**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 260
84 City FL 85 Zip Code

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

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	☐ Change ☐ Addition
NAME	BROWN, ROGER	1.2 NAME	
STREET ADDRESS	1009 AUTUMN LEAF DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDENS FL 34787	1.4 CITY-ST-ZIP	
TITLE	DV ☒ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	BRADTKE, JOSEPH	2.2 NAME	Jeff Arndt
STREET ADDRESS	1604 E. SPRING RIDGE CIRCLE	2.3 STREET ADDRESS	1438 W. Spring Ridge Circle
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	Winter Garden, FL
TITLE	TD ☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	PISZCZOR, STEVE	3.2 NAME	DT Zella Gilliam
STREET ADDRESS	1417 SPRING RIDGE CIR	3.3 STREET ADDRESS	1036 Depot Court
CITY-ST-ZIP	WINTER GARDEN FL	3.4 CITY-ST-ZIP	Winter Garden, FL
TITLE	DS ☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	KLEMPER, KAREN	4.2 NAME	D Junior Wise
STREET ADDRESS	1049 AUTUMN LEAF DR.	4.3 STREET ADDRESS	1066 Depot Court
CITY-ST-ZIP	WINTER SPRINGS FL	4.4 CITY-ST-ZIP	Winter Garden, FL
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	LANGLEY, MARY	5.2 NAME	D Louis Edwards
STREET ADDRESS	1440 E. SPRING RIDGE CIRCLE	5.3 STREET ADDRESS	1521 E. Spring Ridge Circle
CITY-ST-ZIP	WINTER GARDENS FL	5.4 CITY-ST-ZIP	Winter Garden, FL
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	

14. 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 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:

V.R. Brown

4/16/98

CR2E037 (10/97)