2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90060 019 ****61.25

DOCUMENT # N29149

1. Entity Name

CROWN POINT SPRINGS HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
238 N. WESTMONTE DR. STE 260 ALTAMONTE SPRINGS FL 32716-7386 US	P.O. BOX 161606 ALTAMONTE SPRINGS FL 32716-1606 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
225 S. Westmonte Drive	
Suite, Apt. #, etc.: Suite 2050	Suite, Apt. #, etc.
City & State: Altamonte Springs, FL	City & State
Zip: 32714 Country: USA	Zip Country

4. FEI Number 59-2917661 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOMACK, ELLEN 238 N. WESTMONTE DR. STE 260 ALTAMONTE SPRINGS FL 32714	Name: Ellen R. Womack Street Address (P.O. Box Number is Not Acceptable): 225 S. Westmonte Drive Suite 2050 City: Altamonte Springs FL Zip Code: 32714

8. *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.*

SIGNATURE: Ellen R. Womack 4/5/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. *Election Campaign Financing Trust Fund Contribution.* ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP FARRIER, STEVE 1434 E. SPRING RIDGE DR WINTER GARDENS FL 34787	☐ Delete	D Ken Talbot 1511 E. Spring Ridge Circle Winter Garden, FL 34787	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARNDT, JEFF 1438 W SPRING RIDGE CIR WINTER GARDEN FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GILLIAM, ZELLA 1036 DEPOT CT WINTER GARDEN FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WISE, JUNIOR 1066 DEPOT CT WINTER GARDEN FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BATES, CHERYL 1009 SPRING LOOP WAY WINTER GARDEN FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, JACK 1014 SPRING LOOP WAY WINTER GARDEN FL	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Zella A Gilliam REQUIRED 4-14-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #