2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N29149

Entity Name: CROWN POINT SPRINGS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

225 S WESTMONTE DRIVE
STE 3310
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

New Mailing Address:

FEI Number: 59-2917661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S WESTMONTE DRIVE
STE 3310
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DVP	( ) Delete
Name:	MCKINNEY, MILLARD	
Address:	1019 SPRING LANDING DRIVE	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	DP	( ) Delete
Name:	WOOLLET, BRIAN	
Address:	1074 ORANGE WHARF COURT	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	D	( ) Delete
Name:	HOUSTON, GEORGE	
Address:	14023 SPRING LOOP WAY	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	DST	( ) Delete
Name:	MOTTO, YVONNE D	
Address:	1440 E SPRING RIDGE CIRCLE	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	D	( ) Delete
Name:	FLEMING, JASON	
Address:	1073 NARROW GUAGE COURT	
City-St-Zip:	WINTER GARDEN, FL 34787	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN WOOLLET DP 04/28/2009

Electronic Signature of Signing Officer or Director — Date