2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90117 012 ****61.25

DOCUMENT # N29149

1. Entity Name

CROWN POINT SPRINGS HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
225 S WESTMONTE DRIVE STE 2050 ALTAMONTE SPRINGS FL 32714 US	P.O. BOX 161606 ALTAMONTE SPRINGS FL 32716 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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 R 225 S WESTMONTE DRIVE STE 2050 ALTAMONTE SPRINGS FL 32714	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT JELT, WALTER 1426 SPRING RIDGE DR WINTER GARDENS FL 34787	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Keith Timbes 1624 W. Spring Ridge Circle Winter Garden, FL 34787 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ARNDT, JEFF 1438 W SPRING RIDGE CIR WINTER GARDEN FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Paul Johnston 1087 Depot Court Winter Garden, FL 34787 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BROWN, ROGER 1009 AUTUMN LEAF CT. WINTER GARDEN FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOTTO, YVONNE D 1440 E SPRING RIDGE CIRCLE WINTER GARDEN FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, JACK 1014 SPRING LOOP WAY WINTER GARDEN FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Frank Ballaron 1410 Spring Loop Way WINTER GARDEN, FL 34787 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Millard McKinney 1019 Spring Landing Winter Garden, FL 34787 ☐ Change ☒ Addition

CR2E037 (10/02)

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: [signature] SIGNATURE REQUIRED 3/20/03 407-656-9578