



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90039 036 \*\*\*\*61.25

<b>DOCUMENT # N33838</b> 1. Entity Name <b>CROWN COLONY VILLAGE ASSOCIATION, INC.</b>			
Principal Place of Business <b>5067 TAMiami TrL E NAPLES, FL 34113 US</b>		Mailing Address <b>5067 TAMiami TrL E SUITE 200 NAPLES, FL 34113 US</b>	
2. Principal Place of Business - No P.O. Box # <b>C/O ABILITY MANAGEMENT Suite, Apt. #, etc. 6312 TRAIL BLVD. City &amp; State NAPLES, FL Zip 34108 Country US</b>		3. Mailing Address <b>C/O ABILITY MANAGEMENT Suite, Apt. #, etc. P.O. Box 770278 City &amp; State NAPLES, FL Zip 34107 Country US</b>	
4. FEI Number <b>65-0139484</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FULKER, GLEN C/O CARDINAL MGMT GROUP 5067 TAMiami TrL E NAPLES, FL 34113</b>		7. Name and Address of New Registered Agent Name <b>DEUNIS F. LIVELY</b> Street Address (P.O. Box Number is Not Acceptable) <b>ABILITY MANAGEMENT, INC.</b> <b>6312 TRAIL BLVD.</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34108</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P O'BRIEN, SUSAN 6537 MARISSA LOOP 3 NAPLES, FL 34108</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V JIM JOHNSON 6573 MARISSA LOOP #1501 NAPLES, FL 34108</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V VLASHO, PAT 6525 CROWN COLONY PL STE 101 NAPLES, FL 34108</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JEFF BELFORD 6597 NICHOLAS BLVD #1105 NAPLES, FL 34108</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PEABODY, CHRIS. 6585 NICHOLAS BLVD STE 805 NAPLES, FL 34108</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROCCO MONDO 6573 MARISSA LOOP NAPLES, FL 34108</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RAINEY, JENNIFER 6585 NICHOLAS BLVD #401 NAPLES, FL 34108</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUFFY, PAUL 6597 NICHOLAS BLVD STE 902 NAPLES, FL 34108</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GASCOIGNE, SUSAN 6559 MARISSA LOOP NAPLES, FL 34108</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.			
<b>SIGNATURE:</b> 		<b>DEUNIS F. LIVELY</b> <b>04/08/08</b> <b>239-591-4200</b> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	