2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33838

FILED Apr 05, 2010 Secretary of State

Entity Name: CROWN COLONY VILLAGE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD. NAPLES, FL 34109 US

Current Mailing Address: New Mailing Address:

C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD. NAPLES, FL 34109 US

FEI Number: 65-0139484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ABILITY MANAGEMENT, INC 6736 LONE OAK BLVD NAPLES, FL 34109 US

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:

Γitle: I

 Name:
 O'BRIEN, SUSAN

 Address:
 6537 MARISSA LOOP 3

 City-St-Zip:
 NAPLES, FL 34108

Title:

Name: VLASHO, PATRICIA

Address: 6525 CROWN COLONY PL STE 101

City-St-Zip: NAPLES, FL 34108

Title: VP

Name: BOZZACCO, RAY

Address: 6585 NICHOLAS BLVD STE 1103

City-St-Zip: NAPLES, FL 34108

Title: S

Name: DUFFY, PAUL

Address: 6597 NICHOLAS BLVD #902

City-St-Zip: NAPLES, FL 34108

Title:

Name: MONDO, ROCCO

Address: 6573 MARISSA LOOP #1101

City-St-Zip: NAPLES, FL 34108

Title:

Name: GASCOIGNE, SUSAN Address: 6559 MARISSA LOOP City-St-Zip: NAPLES, FL 34108

I hereby 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 all other like empowered.

SIGNATURE: DENNIS F LIVELY MGR 04/05/2010