

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N43360

1. Entity Name
CRESCENT POINT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2504 CRESCENT PT COURT
WINDERMERE, FL 34786**

Mailing Address
**2504 CRESCENT PT COURT
WINDERMERE, FL 34786**



01242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
502 E PARK AVE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ABRUZZO, VINCENT
2503 CRESCENT POINT COURT
WINDERMERE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
DOWNS, ARTHUR
2509 CRESCENT POINTE CT.
WINDERMERE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
GOOD, DAVID
2504 CRESCENT POINTE COURT
WINDERMERE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FRIES, GARY
2515 CRESCENT POINTE CT
WINDERMERE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JOLLEY, RODNEY
2516 CRESCENT POINTE CT.
WINDERMERE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RENZULLI, JEFF
2510 CRESCENT POINTE COURT
WINDERMERE, FL**

000000429049
02/21/06-80068-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Good
David Good

2/7/06
2/7/06

407 876 6489
407 876 6489