


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N43360 1. Entity Name CRESCENT POINT HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 2504 CRESCENT PT COURT WINDERMERE, FL 34786	Mailing Address 2504 CRESCENT PT COURT WINDERMERE, FL 34786
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01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 502 E PARK AVE TALLAHASSEE, FL 32301
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**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)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	01/09/07-80051-008 61.25
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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

**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:  **David Good** 1/5/07 407 876 6489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #