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FILED

Feb 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001163 (2)

1. Corporation Name

CROWN POINTE SHORES I CONDOMINIUM ASSOCIATION, I  
NC.

Principal Place of Business

1805 WEST CROWN POINTE BLVD.  
NAPLES FL 33962

Mailing Address

1805 WEST CROWN POINTE BLVD.  
NAPLES FL 341123. Date Incorporated or Qualified  
03/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

4. FEI Number

65-0656307

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

## 9. Name and Address of Current Registered Agent

MAC'KIE, PAMELA S  
5551 RIDGEWOOD DRIVE  
SUITE 201  
NAPLES FL 33963

## 10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Roger Kramer + Assoc  
2786 Crown Pointe Blvd

Naples FL

FL

85 Zip Code  
34112

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE D  
NAME CORACE, RICHARD F  
STREET ADDRESS 5551 RIDGEWOOD DRIVE, #203  
CITY-ST-ZIP NAPLES FL 33963TITLE D  
NAME GRIFFIN, GERALD F  
STREET ADDRESS 5551 RIDGEWOOD DRIVE, #203  
CITY-ST-ZIP NAPLES FL 33963TITLE D  
NAME SHARPE, KEITH A  
STREET ADDRESS 5551 RIDGEWOOD DRIVE, #203  
CITY-ST-ZIP NAPLES FL 33963TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE D  
2.2 NAME Cosimo Assortato  
2.3 STREET ADDRESS 2390 Piccadilly Circle #202  
2.4 CITY-ST-ZIP Naples, FL, 341123.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 registered or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97

Date Daytime Phone 941-293-7777

CR2E037 (9/96)