

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001163

1. Entity Name

CROWN POINTE SHORES I CONDOMINIUM ASSOCIATION, I

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90089 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2786  
 2786 WEST CROWN POINTE BLVD.  
 NAPLES FL 33962

6732 LONE OAK BLVD.  
 NAPLES FL 34109-6834  
 US

2. Principal Place of Business

3. Mailing Address

2786 West Crown Pointe Blvd

2786 West Crown Pointe Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAPLES FL

NAPLES FL

Zip

Country

Zip

Country

34112

US

34112

US

6. Name and Address of Current Registered Agent

4. FEI Number

65-0656307

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

ROGER KRAMER & ASSOC  
 2786 CROWN POINTE BLVD  
 SUITE 201  
 NAPLES FL 34112

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
 FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
 NAME DEMO, JOSEPH  
 STREET ADDRESS 2390 PICCADILLY CIRCUS  
 CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☒ Delete  
 NAME CONNELLY, SHAREN  
 STREET ADDRESS 3500 W CROWN POINTE BLVD.  
 CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ Change ☒ Addition  
 NAME BRISCOE, THOMAS  
 STREET ADDRESS 3460 W. CROWN POINTE BLVD # 202  
 CITY-ST-ZIP NAPLES FL 34112

TITLE D ☒ Delete  
 NAME DE GHETTO, MARIO  
 STREET ADDRESS 2380 PICCADILLY CIRCUS  
 CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ Change ☒ Addition  
 NAME SMITH, KIM  
 STREET ADDRESS 3500 W. CROWN POINTE BLVD. #101  
 CITY-ST-ZIP NAPLES FL 34112

TITLE D ☐ Delete  
 NAME LYLE, LISA  
 STREET ADDRESS 3470 W. CROWN POINTE  
 CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME TRIVEL, ANN  
 STREET ADDRESS 3470 W CROWN POINTE BLVD # 202  
 CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I 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 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 REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature 3/28/00 941 592-1577  
 Date Daytime Phone #

CR2E037 (9/99)