

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003380 (0)

1. Corporation Name

CROWN POINTE, PHASE ONE HOMEOWNERS ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

6565 NORTH "W" STREET #260
PENSACOLA FL 32505

6565 NORTH "W" STREET #260
PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1996

3a. Date of Last Report

2. Principal Place of Business

21 12011 LILLIAN HWY

2a. Mailing Address

26 12011 LILLIAN HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PENSACOLA, FL

City & State

28 PENSACOLA, FL

Zip

Country

24 32506

Zip

Country

29 32506

30

4. FEI Number

59-3420138

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NASH, NEAL B
6565 NORTH "W" STREET #260
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 Name

JOHNSON, FRANK W.

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

12011 LILLIAN HWY

83

84 City

PENSACOLA

FL

85 Zip Code

32506

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 *Frank W. Johnson*

(NOTE: Registered Agent signature required when reinstating)

11 SEP 97
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME NASH, NEAL B
STREET ADDRESS 6565 NORTH "W" STREET #260
CITY-ST-ZIP PENSACOLA FL 32505

TITLE VD ☒ DELETE

NAME GREEN, MICHAEL E
STREET ADDRESS 6565 NORTH "W" STREET #260
CITY-ST-ZIP PENSACOLA FL 32505

TITLE STD ☒ DELETE

NAME MARKS, JAMES J JR
STREET ADDRESS 6565 NORTH "W" STREET #260
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME JOHNSON, FRANK W.
1.3 STREET ADDRESS 12011 LILLIAN HWY
1.4 CITY-ST-ZIP PENSACOLA, FL 32506

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME DAVIS, TIM R.
2.3 STREET ADDRESS 12093 LILLIAN HWY
2.4 CITY-ST-ZIP PENSACOLA, FL 32506

3.1 TITLE STD ☒ Change ☐ Addition

3.2 NAME SCHUSTER, CHRISTINE M.
3.3 STREET ADDRESS 12019 LILLIAN HWY
3.4 CITY-ST-ZIP PENSACOLA, FL 32506

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 receiver 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 *NEAL B NASH* SIGNATURE REQUIRED: 12/31/97 11 SEP 97 (am) 105/172

CR2E037 (4/97)