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NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000004196

1. Corporation Name

CROWN POINTE VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal P ace of Business

Mailing Address

Brincipal Place of Business

2a. Mailing Address

3. Date Incorporat

4. FEI Number

1805 W CROWN POINTE BLVD NAPLES FL 34112

1805-W-GROWN-POINTE BLVD NAPLES EL 34112 --

FILED Apr 27, 1999 8:00 am Secretary of State

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3. Date Incorporated or Qualifed

Suite, Apt.	#. etc.	Suite, Apt. #, etc.		4. FEI Number	Applie	ed For
22 265	. A . A VI	27 265 AINY	Port Rd	5 59-3418396	Not A	pplicable
City & State		City & State 28 NH PLes F	=_	5. Certificate of Status Desired	\$8.75 Add Fee Requ	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 in	
24 34/0	4 25 Collier	29 34/04 30	Collie	Trust Fund Contribution	Added to F	ees
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	d Agent	
				R&P ProPerty h	ramt-	
ELI-AV, URI			82 Street	Address (P.O. Box Number is Not Acceptable)	Oc.	
1805 W CROWN POINTE BL/D			83	265 AIRPORT RA	_ 	
NAPLES FL 34112						
, <u></u>			1 1 1	NAPLES FI	L 85 Zip Coo	104
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statil tes, 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. SIGNATUFE Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTORS	3 IN 12
TITLE	D	DELETE	1.1 TITLE	IPA	Change	Addition
NAME	ELIAV, URI	,	1.2 NAME	Jos Flateher		
STREET ADDRESS	1805 W CROWN POINTE BLVD		1.3 STREET ADDRESS	- ADMUNICIPLE DIDER		
	NAPLES FL 34112		14 CITY-ST-ZIP	12 12 12 12 12 12 12 12 12 12 12 12 12 1		
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITLE	VR	Change	Addition
NAME	ELIAS, RONI	•	2.2 NAME	John SmitRouich	4	
STREET ADDRESS	1805 W CROWN POINTE BLVD		2.3 STREET ADDRESS	1 = D. 1 = Te 13!	vol	
CITY-ST-ZIP	NAPLES FL 34112		2. 4 CITY-ST-ZIP	NAP145 F1 341/2		l
TITLE	D	DELETE	31 TITLE	3 TA	Change	Addition
NAME	RICE, GEORGE	·	3.2 NAME	1.600		
STREET ADDRESS.	1805 W CROWN POINTE BLVD		3.3 STREET ADDRESS	1" 17. 7~ K.	red	
CITY-ST-ZIP	NAPLES FL 34112		3.4. CITY-ST-ZIP	1 Aples F1 34112		
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NAME			4. 2 NAME			
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CITY-ST-ZIP			4.4 CITY-ST-ZIP			ĺ
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	;		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	<u> </u>	☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			6.4 CITY-ST-ZIP			
CITY-ST-ZIP	L			d in Continue 440 03 (2)(i) Elegida Statutas I further	- +: f . that the in in	

Interecy cerupy 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, with all other like empowered.