

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N96000004196****1. Entity Name**  
CROWN POINTE VILLAS HOMEOWNERS ASSOCIATION, INC.

<b>Principal Place of Business</b>	<b>Mailing Address</b>
C/O R&P PROPERTY MGMT 265 AIR PORT RD S. NAPLES 34104 FL	C/O R&P PROPERTY MGMT 265 AIR PORT RD S. NAPLES 34104 FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number**  
**59-3418396**Applied For  
Not Applicable

Zip Country Zip Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**R&P PROPERTY MGMT  
265 AIR PORT MGMT  
  
NAPLES FL  
34104

Name

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

City

FL Zip Code

**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 GLENN CARROLL****04/29/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	D STEVENSON PEG
<b>STREET ADDRESS</b>	1992 W. CROWN POINTE BLVD.
<b>CITY-ST-ZIP</b>	NAPLES FL 34112

<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	DSDT UPSHAW BOB
<b>STREET ADDRESS</b>	2004 W CROWN POINTE BLVD.
<b>CITY-ST-ZIP</b>	NAPLES FL 34112

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	VD SMITROUCH JOHN
<b>STREET ADDRESS</b>	2041 W. CROWN POINTE BLVD.
<b>CITY-ST-ZIP</b>	NAPLES FL 34112

<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	VD SNITROUCH JOHN
<b>STREET ADDRESS</b>	2041 W. CROWN POINTE BLVD.
<b>CITY-ST-ZIP</b>	NAPLES FL 34112

<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	PD FLETCHER JOE
<b>STREET ADDRESS</b>	2020 W. CROWN PONTE BLVD
<b>CITY-ST-ZIP</b>	NAPLES FL 34112

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JOE FLETCHER**

PD

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)