2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000004196

Apr 30, 2002 8:00 AM Secretary of State

Entity Name: CROWN POINTE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O R&P PROPERTY MGMT 265 AIR PORT RD S. NAPLES, FL 34104 **Current Mailing Address: New Mailing Address:** C/O R& P PROPERTY MGMT 265 AIR PORT RD S NAPLES, FL 34104 FEI Number: 59-3418396 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **R&P PROPERTY MGMT** 265 AIR PORT MGMT NAPLES, FL 34104 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FLETCHER, JOE FLETCHER, JOSEPH Name: Name: 2020 W. CROWN PONTE BLVD Address: 2020 W. CROWN PONTE BLVD Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 Title: VD () Delete Title: (X) Change () Addition SNITROUCH, JOHN Name: Name: SMITROVICH, JOHN Address: 2041 W. CROWN POINTE BLVD. Address: 2041 W. CROWN POINTE BLVD. City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 Title: DSDT () Delete Title: () Change () Addition UPSHAW, BOB Name: Name: 2004 W CROWN POINTE BLVD. Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: () Delete Title: () Change () Addition STEVENSON, PEG Name: Name: 1992 W. CROWN POINTE BLVD. Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH FLETCHER PD 04/30/2002