2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2004
Secretary of State

DOCUMENT# N96000004196

Entity Name: CROWN POINTE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O R&P PROPERTY MGMT
265 AIR PORT RD S.
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R& P PROPERTY MGMT
265 AIR PORT RD S.
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-3418396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

R&P PROPERTY MGMT
265 AIR PORT MGMT
NAPLES, FL 34104

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: FLETCHER, JOSEPH
Address: 2020 W. CROWN PONTE BLVD
City-St-Zip: NAPLES, FL 34112

Title: VD ( ) Delete
Name: SMITROVICH, JOHN
Address: 2041 W. CROWN POINTE BLVD.
City-St-Zip: NAPLES, FL 34112

Title: DSDT ( ) Delete
Name: UPSHAW, BOB
Address: 2004 W CROWN POINTE BLVD.
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: STEVENSON, PEG
Address: 1992 W. CROWN POINTE BLVD.
City-St-Zip: NAPLES, FL 34112

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: COSTIC, RICHARD
Address: 2077 W. CROWN POINTE BLVD.
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Change (X) Addition
Name: STEWARD, RICHARD
Address: 2053 W. CROWN POINT BLVD.
City-St-Zip: NAPLES, FL 34112

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: JOE FLETCHER PD 04/18/2004
Electronic Signature of Signing Officer or Director — Date