2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004196

FILED Apr 11, 2005 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

New Mailing Address: Current 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, JOSEPH FLETCHER, JOSEPH Name: Name:

2020 W. CROWN PONTE BLVD Address: 2020 W. CROWN POINTE BLVD Address:

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

Title: VD () Delete Title: (X) Change () Addition SMITROVICH, JOHN

Name: COSTIC, RICHARD Name: Address: 2041 W. CROWN POINTE BLVD. Address: 2077 W. CROWN POINTE BLVD

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

Title: DSDT () Delete Title: (X) Change () Addition UPSHAW, BOB Name: UPSHAW, BOB Name:

2004 W CROWN POINTE BLVD. 2004 W CROWN POINTE BLVD. Address: Address:

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

(X) Change () Addition Title: () Delete Title:

Name: COSTIC, RICHARD Name: SMITROVICH, JOHN

2077 W. CROWN POINTE BLVD. 2041 W.CROWN POINTE BLVD Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

Title: () Delete Title: (X) Change () Addition

STEWARD, RICHARD STEWARD, RICHARD Name: Name: 2053 W. CROWN POINT BLVD. 2053 W. CROWN POINTE BLVD. Address: Address:

NAPLES, FL 34112 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: GLENN CARROLL **PRES** 04/11/2005

Electronic Signature of Signing Officer or Director

Date