# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2008**
**Secretary of State**

DOCUMENT# N96000004196

**Entity Name:** CROWN POINTE VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

%GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

6700 LONE OAK BLVD
NAPLES, FL 34109

**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:**

ROSS, BYRON
6700 LONE OAK BLVD
NAPLES, FL 34109 US

**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: P ( ) Delete
Name: STEWARD, RICHARD
Address: 2053 W. CROWN POINTE BLVD
City-St-Zip: NAPLES, FL 34112

Title: VP ( ) Delete
Name: COSTIC, RICHARD
Address: 2077 W. CROWN POINTE BLVD
City-St-Zip: NAPLES, FL 34112

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

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

Title: T ( ) Delete
Name: PACZKOWSKI, JOE
Address: 1909 W. CROWN POINTE BLVD.
City-St-Zip: NAPLES, FL 34112

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BYRON ROSS MGR 04/21/2008

Electronic Signature of Signing Officer or Director — Date