

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

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1. Corporation Name

CROWN POINTE SHORES II CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

1805 WEST CROWN POINTE BLVD
NAPLES FL 33962

Mailing Address

1805 WEST CROWN POINTE BLVD
NAPLES FL 33962



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/25/1996

4. FEI Number

65-0712068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROGER KRAMER & ASSOCIATES
6732 LONE OAK BLVD.
SUITE 203
NAPLES FL 34107

10. Name and Address of New Registered Agent

81 Name

KRAMER - TRIAS

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME CORACE, RICHARD F
STREET ADDRESS 5551 RIDGEWOOD DR STE 203
CITY-ST-ZIP NAPLES FL 34108

TITLE D ☒ DELETE
NAME GRIFFIN, GERALD F
STREET ADDRESS 5551 RIDGEWOOD DR STE 203
CITY-ST-ZIP NAPLES FL 34108

TITLE D ☒ DELETE
NAME SHARPE, KEITH A
STREET ADDRESS 5551 RIDGEWOOD DR STE 203
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Grimes, William
1.3 STREET ADDRESS 3390 W. Crown Pointe Blvd
1.4 CITY-ST-ZIP NAPLES FL 34112

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME LA. 2 Denzel
2.3 STREET ADDRESS 3430 W. Crown Pointe Blvd
2.4 CITY-ST-ZIP NAPLES FL 34112

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Sellar, Gerald
3.3 STREET ADDRESS 3426 W. Crown Pointe Blvd. #201
3.4 CITY-ST-ZIP NAPLES FL 34112

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME HOLCOMB, GARY
4.3 STREET ADDRESS 3430 W. Crown Pt. Blvd.
4.4 CITY-ST-ZIP NAPLES FL 34112

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)