2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N96000006183

Entity Name: THE PRESERVE AT CROWN POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2009 CROWN POINTE BLVD.
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

PO. BOX 12507
PENSACOLA, FL 32591

New Mailing Address:

PO BOX 12507
PENSACOLA, FL 32591

FEI Number: 59-3428351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOODY, SUSAN
33 SO. 9TH AVE
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

MOODY, SUSAN L
33 SOUTH 9TH AVE
PENSACOLA, FL 32502 US

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: SUSAN L MOODY 03/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KELLY, CAROLINE
Address: 2031 CROWN POINTE BLVD
City-St-Zip: PENSACOLA, FL 32506

Title: VP ( ) Delete
Name: JENSEN, CHRIS
Address: 1901 CROWN POINT BLVD.
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete
Name: DOYLE, DAVID
Address: 1904 CROWN POINT BLVD.
City-St-Zip: PENSACOLA, FL 32506

Title: S ( ) Delete
Name: HORSEFIELD, IAN
Address: 1900 CROWN POINTE BLVD.
City-St-Zip: PENSACOLA, FL 32506

Title: T (X) Delete
Name: BIRD, RANDY
Address: 1945 CROWN POINTE BLVD.
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JENSEN, CHRIS
Address: 33 SOUTH 9TH AVE
City-St-Zip: PENSACOLA, FL 32502

Title: VPD (X) Change ( ) Addition
Name: DOYLE, DAVID
Address: 33 SOUTH 9TH AVE
City-St-Zip: PENSACOLA, FL 32502

Title: SD (X) Change ( ) Addition
Name: PEREZ, PETE
Address: 33 SOUTH 9TH AVE
City-St-Zip: PENSACOLA, FL 32502

Title: TD (X) Change ( ) Addition
Name: BUDD, RANDY
Address: 33 SOUTH 9TH AVE
City-St-Zip: PENSACOLA, FL 32502

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: CHRIS JENSEN PD 03/09/2009
Electronic Signature of Signing Officer or Director Date