# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 26, 2004 8:00 am**
**Secretary of State**
04-26-2004 91000 035 ****61.25

DOCUMENT # N97000003989

1. Entity Name

THE CROWN POINTE PROPERTY OWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 3340<br>PENSACOLA FL 32516-3340 | PO BOX 3340<br>PENSACOLA FL 32516-3340 |

MOORE CR2E037 (11/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3712107 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MARSHALL, HENRY C
912 WINE POINTE DR.
PENSACOLA FL 32506

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>NICKLER, TIMOTHY<br>868 STERLING WAY<br>PENSACOLA FL 32506 | ☒ Delete | PD<br>Wise, Donald<br>7974 Castle Pointe Way<br>Pensacola, FL 32506 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MARSHALL, HENRY C<br>912 WINE POINTE DRIVE<br>PENSACOLA FL 32506 | ☐ Delete | D<br>MARSHALL, HENRY C<br>912 Wine Pointe Drive<br>PENSACOLA, FL 32506 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>PATTON, RUTH E<br>1004 JAMIE DR<br>PENSACOLA FL 32506 | ☐ Delete | VD<br>Bill McCord<br>7986 Castle Pointe Way<br>Pensacola, FL 32506 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CASSEDY, RORY<br>8050 CASTLE POINTE WAY<br>PENSACOLA FL 32506 | ☒ Delete | D<br>Steve Russ<br>900 Wine Pointe Drive<br>Pensacola, FL 32506 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BEVILLE, FRANK<br>894 STERLING WAY<br>PENSACOLA FL 32506 | ☐ Delete | D<br>MANLEY BEARD<br>7981 OTIS Way<br>Pensacola, FL 32506 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROMEN, PETER<br>7970 CASTLE POINTE WAY<br>PENSACOLA FL 32506 | ☒ Delete | | ☐ Change ☐ Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Bill J. McCord BILL J. McCORD 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #