

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90499 012 ****61.25

DOCUMENT # N97000003989					
1. Entity Name THE CROWN POINTE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 3340 PENSACOLA, FL 32516-3340			Mailing Address PO BOX 3340 PENSACOLA, FL 32516-3340		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03242005 Chg-NP CR2E037 (10/03)	
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			7. Name and Address of New Registered Agent		
MARSHALL, HENRY C 912 WINE POINTE DR. PENSACOLA, FL 32506			Name <u>Bill McCord</u> Street Address (P.O. Box Number is Not Acceptable) <u>7986 Castle Pointe Way</u> City <u>PENSACOLA, FL</u> Zip Code <u>32506</u>		
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 <u>Bill McCord</u> Signature, typed or printed name of registered agent and title if applicable.		<u>Bill McCord, President</u> (NOTE: Registered Agent signature required when reinstating)		<u>4/29/05</u> DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME WISE, DONALD STREET ADDRESS 7974 CASTLE POINTE WAY CITY-ST-ZIP PENSACOLA, FL 32506	☒ Delete	TITLE D NAME John Erickson STREET ADDRESS 901 Wine Pointe Drive CITY-ST-ZIP PENSACOLA, FL 32506			
TITLE D NAME MARSHALL, HENRY C STREET ADDRESS 912 WINE POINTE DRIVE CITY-ST-ZIP PENSACOLA, FL 32506	☒ Delete	TITLE VD NAME Leskie Cole STREET ADDRESS 812 Sterling Way CITY-ST-ZIP Pensacola, FL 32506			
TITLE STD NAME PATTON, RUTH E STREET ADDRESS 1004 JAMIE DR CITY-ST-ZIP PENSACOLA, FL 32506	☐ Delete	TITLE D NAME Becky Davis STREET ADDRESS 848 Sterling Way CITY-ST-ZIP Pensacola, FL 32506			
TITLE VD NAME MCCORD, BILL STREET ADDRESS 7986 CASTLE POINTE WAY CITY-ST-ZIP PENSACOLA, FL 32506	☐ Delete	TITLE PD NAME Bill McCord STREET ADDRESS 7986 Castle Pointe Way CITY-ST-ZIP Pensacola, FL 32506			
TITLE D NAME BEVILLE, FRANK STREET ADDRESS 894 STERLING WAY CITY-ST-ZIP PENSACOLA, FL 32506	☒ Delete	TITLE D NAME NORMAN Heath STREET ADDRESS 1121 Calinda CITY-ST-ZIP Pensacola, FL 32506			
TITLE D NAME RUSS, STEVE STREET ADDRESS 900 WINE POINTE DR. CITY-ST-ZIP PENSACOLA, FL 32506	☒ Delete	TITLE D NAME BEET Cotten STREET ADDRESS 844 Sterling Way CITY-ST-ZIP Pensacola, FL 32506			
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: <u>Bill J. McCord / Bill J. McCord</u> <u>4/29/05</u> <u>(850) 457-2594</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					