

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90241 023 ****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**

20044028



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182006

Chg-NP

CR2E037 (11/05)

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

**MCCORD, BILL
7986 CASTLE POINTE WAY
PENSACOLA, FL 32506**

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

Filing Fee is \$61.25
Due by May 1, 2006

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
**D
ERICKSON, JOHN
901 WINE POINTE DRIVE
PENSACOLA, FL 32506** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
COLE, LESLIE
812 STERLING WAY
PENSACOLA, FL 32506** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
PATTON, RUTH E
1004 JAMIE DR
PENSACOLA, FL 32506** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCCORD, BILL
7986 CASTLE POINTE WAY
PENSACOLA, FL 32506** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Chris Swol
876 Miramar Drive
Pensacola, FL 32506** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HEATH, NORMAN
1121 CALINDA
PENSACOLA, FL 32506** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Stephen Diehl
8031 Castle Pointe Way
Pensacola, FL 32506** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLTEN, BERT
844 STERLING WAY
PENSACOLA, FL 32506** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COTTEN, BERT
844 STERLING Way
Pensacola, FL 32506** ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Bert J. M. S. Cord

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06

Date

850-457-2594

Daytime Phone #