

Due 5-1-98

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FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004540 (7)**

1. Corporation Name

CRESTPOINTE TOWNHOUSES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**221 GLENGARRY AVENUE
MELBOURNE BEACH FL 32951**

**221 GLENGARRY AVENUE
MELBOURNE BEACH FL 32951**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WALLIS, MICHAEL M ESQUIRE
1221 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901**

3. Date Incorporated or Qualified

08/08/1997

4. FEI Number

59-3487715

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**

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

NA

10. Name and Address of New Registered Agent

81 Name

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 **PSD** ☐ DELETE

NAME **PREFONTAINE, HENRI**
STREET ADDRESS **221 GLENGARRY AVENUE**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **VD** ☐ DELETE

NAME **PREFONTAINE, JENNIE A**
STREET ADDRESS **221 GLENGARRY AVENUE**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **T** ☐ DELETE

NAME **PREFONTAINE, RICHARD A**
STREET ADDRESS **221 GLENGARRY AVENUE**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

SIGNATURE:

JENNIE A. PREFONTAINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AP-16-98

(407) 884-2167

Date

Daytime Phone #

0019801

CR2E037 (10/97)