## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9700004540

CRESTPOINTE TOWNHOUSES HOMEOWNER'S ASSOCIATION. INC.

Principal Place of Business 221 GLENGARRY AVENUE

Mailing Address

221 GLENGARRY AVENUE MEI ROURNE REACH EL 32951

## FILED Apr 07, 1999 8:00 am § Secretary of State

04-07-1999 90100 048 \*\*\*\*61.25



MELBOURNE B	BEACH FL 32331	WELC	SOURINE DEACH	H LE 35301	ı					<b></b>			30
2. Principal P	lace of Business	2a. M	failing Address	<u>.</u>				3. Date Incorp		ifed			
Suite, Apt.	# etc.		Suite, Apt. #, et	tc.		-		4. FEI Numbe			Т	App	ied For
22	т, ото.	_			_		-	59-34877			.	-	Applicable
City & Stat	e		City & State					F 0 10 1	( Ctable Danie	<u> </u>	\$8.	<b>75</b> Ad	ditional
23		28					1	5. Certifcate o	i Status Desire	d □ :	F	ee Req	uired
Zip	Country	<del></del>	<u>'ip</u>		Country			6. Election Ca	mpaign Financ	ing 🖂	\$5	۸ 00.	tay Be
24	25	29		30	]				Contribution		Ac	ided to	Fees
	9. Name and Address of Current	Registe	red Agent					10. Name and	Address of No	w Registered	Agent		
					81	Name	:						
WALLIS, MICHAEL M ESQUIRE					82	Street	Address	(P.O. Box Nun	nber is Not Acc	eptable)			
1221 EAST NEW HAVEN AVENUE						5551		(		<u> </u>			
	NE FL 32901				83								
					84	City					85	Zip Co	ode
										FL	-!!		
office or r agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State of m familiar with, and accept the obligation	i Fiorida.	. Such change	was aumo	unzea uv	the cord	poration's	board of direct	tors. I hereby a	ccept the appoi	intment	as regi	stered
SIGNATURE	Signature, typed or printed name of registered agent	and title if a	pplicable.	(NOTE: Rec	gistered Ager	nt signature	required wh	nen reinstating)		DATE			
12.	OFFICERS AND				13.			ADDITIONS/	CHANGES TO	OFFICERS AN			
TITLE	PSD		☐ DEL	ETE	1.1 TITLE		57		E LEWAL	EA	XCh	ange	Addition
NAME	PREFONTAINE, HENRI				1.2 NAME		PRE.	FONTAIN	ENFANA	UF			
STREET ADDRESS	221 GLENGARRY AVENUE				1.3 STREE	T ADDRESS	221	GLENG	ARRY	E.	_		
CITY-ST-ZIP	MELBOURNE BEACH FL 32951				1.4 CITY-S	T-ZIP	MEL	GLENG BOURNE	DEAUH,	1-32951	,		
TITLE	VD .		☐ DEL	ETE	2.1 TITLE		D	FONTAIN 4 TIDE	D		ΣĆη	ange	Addition
NAME	PREFONTAINE, JENNIE A				2.2 NAME		PRE	FONTAIN	VE, NEH	4007.			
STREET ADDRESS	221 GLENGARRY AVENUE				2.3 STREE	TADDRESS	6301	4 1100	WAVES	IKELI			
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		-		2:4 CITY-5	ST-ZIP ·	ORL	ANDO, F	L 3283	<u> </u>			
TITLE	T		☐ DEL	ETE	3.1 TITLE		T				☐ Ch	ange	Addition
NAME	PREFONTAINE, RICHARD A				3.2 NAME		1						
STREET ADDRESS	AND ALCHOLOGY AND MICHELLE				3.3 STREE	TADORESS	3			•			
CITY-ST-ZIP	MELBOURNE BEACH FL 32951				3.4. CITY-5	ST-ZIP							
TITLE			☐ DEL	ETE	4.1 TITLE						CH	ange	Addition
NAME					4. 2 NAME		1						
STREET ADDRESS	1				4.3 STREE	TADDRESS	s						
CITY-ST-ZIP					4.4 CITY-S	T-ZIP	<u> </u>						
TITLE			☐ DEL	ETE	5.1 TITLE						Ch	ange	Addition
NAME					5.2 NAME								
STREET ADDRESS	}				5.3 STREE	TADORESS	5			,			
CITY-ST-ZIP					5.4 CITY-S	T-ZIP							
TITLE			☐ DEL	ETE.	6.1 TITLE						Ch	ange	Addition
NAME					6.2 NAME		[						
STREET ADDRESS	i					TADDRESS	5						
CITY+ST-7IP	·				6.4 CITY-S	T-ZIP							

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: