

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90091 009 ****61.25

DOCUMENT # N97000004540

1. Entity Name

CRESTPOINTE TOWNHOUSES HOMEOWNER'S ASSOCIATION,

Principal Place of Business

Mailing Address

221 GLENGARRY AVENUE
 MELBOURNE BEACH FL 32951

221 GLENGARRY AVENUE
 MELBOURNE BEACH FL 32903-3237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Crestpointe Townhouses HOA Inc

P.O. Box 033244

INDIALANTIC FL

32903

4. FEI Number **59-3487715**

☒ 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

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

Name *Gaye Long*

Street Address (P.O. Box Number is Not Acceptable)
100 - B ORMOND Ave

City *INDIALANTIC*

FL

Zip Code *32903*

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.

SIGNATURE

Gaye Long

(NOTE: Registered Agent signature required when reinstating)

03/05/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **DAVID Cinielli**
 CITY-ST-ZIP **101-C ~~Ormond~~ Melbourne Ave**
INDIALANTIC, FL 32903

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

TITLE ☒ Change ☐ Addition
 NAME **V**
 STREET ADDRESS **FRANCES Lambourg**
 CITY-ST-ZIP **100-A ORMOND Ave**
INDIALANTIC FL 32903

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

TITLE ☒ Change ☐ Addition
 NAME **S/T**
 STREET ADDRESS **Gaye Long**
 CITY-ST-ZIP **100-B ORMOND Ave**
INDIALANTIC FL 32903

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE [Gaye Long]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/00 (321) 726 9619

Date

Daytime Phone #

CR2F037 (9/99)