

2/5
2/5K

FILED
Apr 25, 2001 8:00 am
Secretary of State

02-05-2001 90119 012 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004540

1. Entity Name

CRESTPONTE TOWNHOUSES HOMEOWNER'S ASSOCIATION

Principal Place of Business

**221 GLENGARRY AVENUE
MELBOURNE BEACH, FL 32951**

Mailing Address

**CRESTPONTE TOWNHOUSE HOA INC
P.O. BOX 629344
INDIANAPOLIS, IN 46262-9344**

2. Principal Place of Business

100 Caledonia Dr.

Suite, Apt. #, etc.

3. Mailing Address

100 Caledonia Drive

Suite, Apt. #, etc.

City & State

Melbourne Beach, FL

City & State

Melbourne Beach, FL

Zip

32951

Country

Zip

32951

Country

4. FEI Number

APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LONG GAYE
100-B ORMOND AVE
INDIANAPOLIS, IN 46262**

7. Name and Address of New Registered Agent

Name **Julie Burns**

Street Address (P.O. Box Number is Not Acceptable)

100 Caledonia Drive

Melbourne Beach, FL

Zip Code
32951

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

Julie Burns, Julie Burns Manager

Signature, typed or printed name of registering agent and date if applicable

(NOTE: Registered Agent Signature not filed with this statement)

Date

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **ASSOCIATION MANAGER**
CITY-STATE-ZIP **JULIE BURNS
100 CALEDONIA DRIVE
MELBOURNE BEACH, FL 32951**

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **PRESIDENT**
CITY-STATE-ZIP **DAVE KELLNER
100 CALEDONIA DR.
MELBOURNE BEACH, FL 32951**

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **DAVE KELLNER**
CITY-STATE-ZIP **529 MAJORICA CT.
SATELLITE BEACH, FL 32907**

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 REQUIRED Burns

321-952-6298

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

Date