2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State
03-23-2004 90002 038 ****61.25

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1: Entity Name
CRESTPOINTE TOWNHOUSES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~100 CALEDONIA DR~~ ~~MELBOURNE BEACH~~, FL 32951	~~100 CALEDONIA DR~~ ~~MELBOURNE BEACH~~, FL 32951
100 D ORMOND AVE., INDIALANTIC, FL 32903	

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03182004 No Chg-NP CR2E037 (10/03)

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

~~BURNS, JULIE~~
~~100 CALEDONIA DRIVE~~
~~MELBOURNE BEACH~~, FL 32951

Kathleen McGrath
100 D Ormond Dr.
Indialantic, FL
32903

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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 Kathleen McGrath, Kathleen McGrath, manager
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~DAM~~
NAME	~~BURNS~~, JULIE
STREET ADDRESS	100 CALEDONIA DRIVE
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	~~D~~
NAME	~~KELLNEN~~, DAVE
STREET ADDRESS	529 MAJORKA CT
CITY-ST-ZIP	SATELLITE, FL 32907
TITLE	D
NAME	MCG[illegible] KATHLEEN
STREET ADDRESS	100D [illegible] AVE
CITY-ST-ZIP	INDI[illegible]ANTIC, [illegible] 32903
TITLE NAME	Kathleen McGrath President / manager
STREET ADDRESS	100 D Ormond Ave.
CITY-ST-ZIP	Indialantic, FL 32903
TITLE NAME	Francis Lambourg vice pres.
STREET ADDRESS	100 A Ormond Ave.
CITY-ST-ZIP	Indialantic, FL 32903
TITLE NAME	Edward Mosch, secretary
STREET ADDRESS	101 D Melbourne Ave.
CITY-ST-ZIP	Indialantic, FL 32903

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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: Kathleen McGrath March 18, 2004 321-727-1984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #