


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90032 002 \*\*\*\*61.25

<b>DOCUMENT # N97000004540</b>			
1. Entity Name <b>CRESTPOINTE TOWNHOUSES HOMEOWNER'S ASSOCIATION, INC.</b>			
Principal Place of Business 100 D ORMOND AVE INDIALANTIC, FL 32903		Mailing Address 100 D ORMOND AVE INDIALANTIC, FL 32903	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <i>Indialantic, FL</i>		Suite, Apt. #, etc. <i>Indialantic, FL</i>	
City & State		City & State	
Zip <b>32903</b>		Country <b>USA</b>	
4. FEI Number <b>59-3487715</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MCGRATH, KATHLEEN 100 D ORMOND AVE INDIALANTIC, FL 32903</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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: <i>Kathleen McGrath</i> DATE: <i>1/06/07</i> <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reconstituting)</small>			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMBOURG, FRANCIS 100D ORMOND AVE INDIALANTIC, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSCH, EDWARD 11 D MELBOURNE AVE. INDIALANTIC, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OBM Matt Garrison 101 A Melbourne Ave. Indialastic, FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OBM ROTH, JEFF 100 B ORMOND AVE INDIALASTIC, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Kathleen McGrath</i>		Date: <i>01/06/07</i> (321) 727-1984	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Day/1st Month Year</small>	

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