
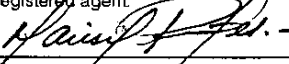


# 2005-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90231 034 \*\*\*\*61.25

<b>DOCUMENT # N97000004996</b>			
1. Entity Name <b>CROWNGATE POINT CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>501 E 24 ST. 205 HIALEAH FL 33013 US</b>		Mailing Address <b>CROWNGATE POINT CONDO 501 E 24 ST., #205 HIALEAH FL 33013 US</b>	
2. Principal Place of Business <b>501 E 24 ST</b>		3. Mailing Address <b>Crowngate Point Condo</b>	
Suite, Apt. #, etc. <b>205</b>		Suite, Apt. #, etc. <b>501 E 24ST #205</b>	
City & State <b>Hialeah FL</b>		City & State <b>Hialeah FL</b>	
Zip <b>33013</b>	Country	Zip <b>33013</b>	Country
6. Name and Address of Current Registered Agent <b>VILLA, ZUNILDA 501 E 24 ST. #104 HIALEAH FL 33013</b>		7. Name and Address of New Registered Agent Name <b>Maricel, Puentes</b> Street Address (P.O. Box Number is Not Acceptable) <b>501 E 24st 204</b> City <b>Hialeah</b> FL Zip Code <b>33013</b>	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLA, ZUNILDA 501 E 24 ST., #104 HIALEAH FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Maricel, Puentes 501 E 24st #204 Hialeah FL 33013 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MARICEL, PUENTES 501 E 24ST 204 HIALEAH FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST Marilyn Huñiz 501 E 24st #201 Hialeah FL 33013 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGO, VINAGERA 501 E 24ST 201 HIALEAH FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hugo Vinagera 501 E 24st #201 Hialeah FL 33013 <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
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #