


FILED
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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003223

1. Corporation Name

**CROWN POINTE SHORES III CONDOMINIUM ASSOCIATION,
INC.**

Principal Place of Business

 6732 LONE OAK BLVD
 NAPLES FL 34109

Mailing Address

 6732 LONE OAK BLVD
 NAPLES FL 34109


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/04/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3518730	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

**ATHAN, GFI
5551 RIDGEWOOD DR STE 201
NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name	KRAMER - TRIAS
82 Street Address (P.O. Box Number is Not Acceptable)	6732 LONE OAK BLVD.
83	
84 City	NAPLES FL
85 Zip Code	34109

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORACE, RICHARD F	
STREET ADDRESS	5551 RIDGEWOOD DR STE 203	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, GERALD F	
STREET ADDRESS	5551 RIDGEWOOD DR STE 203	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHARPE, KEITH A	
STREET ADDRESS	5551 RIDGEWOOD DR STE 203	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILL	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GRIMES, WILLIAM	
2.3 STREET ADDRESS	3990 W CROWN POINTE BLVD	
2.4 CITY-ST-ZIP	NAPLES FL 34112	
3.1 TITLE	R.A. D. DAVIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	3430 W CROWN POINTE BLVD #201	
3.4 CITY-ST-ZIP	NAPLES FL 34112	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SELMER, GERALD	
4.3 STREET ADDRESS	3430 W CROWN POINTE BLVD #101	
4.4 CITY-ST-ZIP	NAPLES FL 34112	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HOLCOMB, GARY	
5.3 STREET ADDRESS	3430 W CROWN POINTE BLVD #202	
5.4 CITY-ST-ZIP	NAPLES FL 34112	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 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

SIGNING OFFICER

Date

Daytime Phone #

CR2E037 (11/98)