

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003223

1. Entity Name

CROWN POINTE SHORES III CONDOMINIUM ASSOCIATION,

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90093 019 ****61.25

Principal Place of Business

Mailing Address

6732 LONE OAK BLVD
NAPLES FL 34109

6732 LONE OAK BLVD
NAPLES FL 34109-6834

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3518730

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIOS, KRAMER
6732 LONE OAK BLVD.
NAPLES FL 34109

Name: **KRAMER - TRIAD MANAGEMENT GROUP**
Street Address (P.O. Box Number is Not Acceptable): **6732 LONE OAK BLVD.**
City: **NAPLES** FL Zip Code: **34109**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	Bain, Basil	3330 West Crown Pointe Blvd #201	NAPLES FL 34112	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	Becker, Guberta	3350 West Crown Pointe Blvd. 202	NAPLES FL 34112	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Brown, Louise	3360 West Crown Pointe Blvd #202	NAPLES FL 34112	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Toussan, Richard	3300 West Crown Pointe Blvd. #201	NAPLES FL 34112	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Norcker, Robert	3350 West Crown Pointe Blvd #102	NAPLES FL 34112	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNING OFFICER

Daytime Phone #

CR2E037 (9/99)