


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000000143

1. Entity Name
CROWN POINTE OF CLERMONT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 12633 CROWN POINT CIR
 CLERMONT, FL 34711

Mailing Address
 12633 CROWN POINT CIR
 CLERMONT, FL 34711



01082004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3501111

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LADD, DALE
 12633 CROWN POINT CIR
 CLERMONT, FL 34711

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8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Dale Ladd PN (NOTE: Registered Agent signature required when reinstating)

DATE: 1/08/04

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	PD
NAME	KSEN, ALAN
STREET ADDRESS	12633 CROWN POINT CIR
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	VD
NAME	LAUGHLIN, MARQUIS
STREET ADDRESS	12633 CROWN POINT CIR
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	TD
NAME	MATHEIU, DAWN M
STREET ADDRESS	12633 CROWN POINT CIR
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/13/04-80016-003 61.25

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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: Dawn M. Mathieu 1.8.04 352-2434036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #