


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000000143

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



Principal Place of Business 12549 CROWN POINTE CIRCLE CLERMONT, FL 34711	Mailing Address P.O. BOX 120124 CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE



01272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3501111	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KING, SHIRLEY T
 12549CROWN POINT CIRCLE
 CLERMONT, FL 34711**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KSEN, ALAN 12633 CROWN POINT CIR CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSTRAND, TODD V 12513 CROWN POINT CIRCLE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, SHIRLEY T 12549 CROWN POINT CIRCLE CLERMONT, FL 34711
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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: Shirley King Shirley KING 2- -08 352-552-2067

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