

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000143

FILED
Mar 21, 2009
Secretary of State

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

Current Principal Place of Business:

12549 CROWN POINTE CIRCLE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120124
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3501111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SIPLE, JOHN T
12645 CROWN POINT CIRCLE
CLERMONT, FL 34711 US

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: JOHN SIPLE

03/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KSEN, ALAN
Address: 12633 CROWN POINT CIR
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: OSTRAND, TODD V
Address: 12513 CROWN POINT CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: T () Delete
Name: KING, SHIRLEY T
Address: 12549 CROWN POINT CIRCLE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOOLBRIGHT, GUY P
Address: 12651 CROWN POINT CIR
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Change () Addition
Name: KSEN, ALAN V
Address: 12639 CROWN POINT CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: T (X) Change () Addition
Name: SIPLE, JOHN T
Address: 12645 CROWN POINT CIRCLE
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SIPLE

T

03/21/2009

Electronic Signature of Signing Officer or Director

Date