

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000143

**FILED**  
**Feb 26, 2010**  
**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:**

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

**Name and Address of New Registered Agent:**

KING, SHIRLEY T  
12549 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: SHIRLEY KING

02/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WOOLBRIGHT, GUY P  
Address: 12651 CROWN POINT CIR  
City-St-Zip: CLERMONT, FL 34711

Title: VP  
Name: SIPLE, JOHN VP  
Address: 12645 CROWN POINT CIRCLE  
City-St-Zip: CLERMONT, FL 34711

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

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY KING

T

02/26/2010

Electronic Signature of Signing Officer or Director

Date