


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90241 022 ****61.25

DOCUMENT # N99000000143

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



Principal Place of Business Mailing Address
1135 EAST AVENUE **1135 EAST AVENUE**
CLERMONT FL 34711 **CLERMONT FL 34711**

2. Principal Place of Business 3. Mailing Address
12633 Crown Point Cir. **same as "2"**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Clermont, FL **Clermont, FL**

Zip Country Zip Country
34711 **USA** **34711** **USA**



CHECK HERE IF MAKING CHANGES

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
1135 EAST AVENUE
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name **Dawn M. Mathieu**
Street Address (P.O. Box Number is Not Acceptable) **12633 Crown Point Cir.**
City **Clermont** FL Zip Code **34711**

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 **Dawn M. Mathieu**
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LADD, DALE	
STREET ADDRESS	1135 EAST AVENUE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LADD, DARRYL	
STREET ADDRESS	1135 EAST AVENUE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GILLIS, RON	
STREET ADDRESS	1135 EAST AVENUE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dawn Ksen	
STREET ADDRESS	12633 Crown Point Cir.	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margie's Laughlin	
STREET ADDRESS	12633 Crown Point Cir.	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dawn M. Mathieu	
STREET ADDRESS	12633 Crown Point Cir.	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** **2-9-03** **3522434036**

CR2E037 (10/02)