

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000002261

1. Entity Name
CROWN POINT BUSINESS PARK ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 194
PLYMOUTH, FL 32768**

Mailing Address
**P.O. BOX 194
PLYMOUTH, FL 32768**



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3569163

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CREEDEN, KEVIN
703 HENNIS RD.
WINTER GARDEN, FL 34787**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CREEDEN, KEVIN
STREET ADDRESS	703 HENNIS RD
CITY- ST- ZIP	WINTER GARDEN, FL 34787
TITLE	V
NAME	CREEDEN, CHARLES
STREET ADDRESS	703 HENNIS RD
CITY- ST- ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	MAMARAJ, HEMONT
STREET ADDRESS	1215 CROWN POINT CIR
CITY- ST- ZIP	WINTER GARDEN, FL 34787
TITLE	T
NAME	COLES, BONNIE E
STREET ADDRESS	P. BOX 194
CITY- ST- ZIP	PLYMOUTH, FL 32768
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/30/07-80008-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-07

Date

407-877-2600

Daytime Phone #