

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 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	



02142008 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	U000000831652 02/27/08-80025-011 61.25
---	---	---

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

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]* **2/14/08** **407-889-0335**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #