## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23097

Entity Name: CROWNE POINTE COMMUNITY ASSOCIATION, INC.

FILED
Mar 20, 2019
Secretary of State
9498806085CC

## **Current Principal Place of Business:**

C/O ANCHOR ASSOCIATES, INC. 3940 RADIO RD. SUITE 112 NAPLES, FL 34104

## **Current Mailing Address:**

C/O ANCHOR ASSOCIATES, INC. 3940 RADIO RD. SUITE 112 NAPLES, FL 34104 US

FEI Number: 65-0203325 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ANCHOR ASSOCIATES, INC. C/O ANCHOR ASSOCIATES, INC. 3940 RADIO RD. SUITE 112 NAPLES, FL 34104 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: BRAD PHELPS 03/20/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

 Title
 PRESIDENT
 Title
 VICE PRESIDENT

 Name
 FREDRICKSON, ROBERT
 Name
 SELWOLD, TOM

Address C/O ANCHOR ASSOCIATES, INC. Address C/O ANCHOR ASSOCIATES, INC.

3940 RADIO RD. SUITE 112 3940 RADIO RD. SUITE 112

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title DIRECTOR Title DIRECTOR

Name TRACEY, STAN Name LAWRENCE-WENDORF, HELGA

Address C/O ANCHOR ASSOCIATES, INC. Address C/O ANCHOR ASSOCIATES, INC.

3940 RADIO RD. SUITE 112 3940 RADIO RD. SUITE 112

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title DIRECTOR Title DIRECTOR

Name DOGOLOFF, LEE Name LIMING, BETTY

Address C/O ANCHOR ASSOCIATES, INC. Address C/O ANCHOR ASSOCIATES, INC.

3940 RADIO RD. SUITE 112 3940 RADIO RD. SUITE 112

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title TREASURER, SECRETARY Title DIRECTOR

Name TAYLOR, ROGER Name FORNARIO, FRANK

Address C/O ANCHOR ASSOCIATES, INC. Address C/O ANCHOR ASSOCIATES, INC.

3940 RADIO RD. SUITE 112 3940 RADIO RD. SUITE 112

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

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: ROBERT FREDRICKSON PRESIDENT 03/20/2019