

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23097

Entity Name: CROWNE POINTE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**

%GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD
NAPLES, FL 34109

Current Mailing Address:

6704 LONE OAK BLVD
NAPLES, FL 34109

FEI Number: 65-0203325**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD
NAPLES, FL 34109 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name FREDRICKSON, BOB
Address 1756 ROYAL CIR
City-State-Zip: NAPLES FL 34112

Title T
Name LANIGAN, ED
Address 2896 W CROWN POINTE BLVD
City-State-Zip: NAPLES FL 34112

Title D
Name BECKNEL, JERRY
Address 3310 W CROWN POINTE BLVD
City-State-Zip: NAPLES FL 34112

Title VP
Name STEWARD, DICK
Address 2077 W CROWN POINTE BLVD
City-State-Zip: NAPLES FL 34112

Title D
Name GIBSON, JIM
Address 5014 MABRY RD
City-State-Zip: NAPLES FL 34112

Title S
Name MONGILLO, RON
Address 2100 PICCADILLY CIRCUS
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name LAWRENCE-WENDORF, HELGA
Address %GUARDIAN PROPERTY
MANAGEMENT
6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name SCHNEIDER, JOHN
Address %GUARDIAN PROPERTY
MANAGEMENT
6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Continues on page 2

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: BOB FREDRICKSON

PRESIDENT

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	TRACEY, STAN
Address	%GUARDIAN PROPERTY MANAGEMENT 6704 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109