

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23097

Entity Name: CROWNE POINTE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**C/O GUARDIAN PROPERTY MGMT
6704 LONE OAK BLVD
NAPLES, FL 34109**Current Mailing Address:**6704 LONE OAK BLVD
NAPLES, FL 34109 US**FEI Number:** 65-0203325**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANCHOR ASSOCIATES, INC.
C/O GUARDIAN PROPERTY MGMT
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:** BRAD PHELPS

04/23/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FORNARIO, FRANK
Address 6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title VICE PRESIDENT
Name SELWOLD, TOM
Address 6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title TREASURER, SECRETARY
Name TAYLOR, RODGER
Address 6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name QUEENAN, FRANCES
Address 6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name NORDBERG, DAN
Address 6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name AVREN, SUSAN
Address 6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name LIMING, BETTY
Address 6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

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: FRANK FORNARIO

PRESIDENT

04/23/2023

Electronic Signature of Signing Officer/Director Detail

Date