## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29149

Entity Name: CROWN POINT SPRINGS HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 12, 2019
Secretary of State
9575038281CC

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

225 S WESTMONTE DR

STE #3310

ALTAMONTE SPRINGS, FL 32714

## **Current Mailing Address:**

PO BOX 162147

ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 59-2917661 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

VISTA COMMUNITY ASSOCIATION MANAGEMENT 225 S WESTMONTE DR #3310 ALTAMONTE SPRINGS, FL 32714 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 PRESIDENT Title VP

Name WOOLLET, BRIAN Name RENN, DIANE

Address PO BOX 162147 Address PO BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title SECRETARY Title TREASURER

Name MCKINNEY, MILLARD Name LANGLEY, YVONNE

Address PO BOX 162147 Address PO BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title DIRECTOR

Name GUERIN, JOAN

Address P.O. BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716

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: BRIAN WOOLLET

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/12/2019