

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004196

Entity Name: CROWN POINTE VILLAS HOMEOWNERS 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: 59-3418396****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	DIRECTOR
Name	SOSLAU, JERRY
Address	1913 W CROWN POINTE BLVD
City-State-Zip:	NAPLES FL 34112

Title	VICE PRESIDENT
Name	COSTIC, RICHARD
Address	2077 W. CROWN POINTE BLVD
City-State-Zip:	NAPLES FL 34112

Title	TREASURER
Name	PACZKOWSKI, JOE
Address	1909 W CROWN POINTE BLVD.
City-State-Zip:	NAPLES FL 34112

Title	SECRETARY
Name	MILLER, BARBARA
Address	1827 W.CROWN POINTE BLVD
City-State-Zip:	NAPLES FL 34112

Title	PRESIDENT
Name	SELWOLD, THOMAS
Address	1901 W CROWN POINTE BLVD
City-State-Zip:	NAPLES FL 34112

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: THOMAS SELWOLD**PRESIDENT****04/27/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date