

No. C 192760		Due no later than Nov 30, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. CROWN POINTE HOMEOWNERS ASSOCIATION, INC. JOHN F MAGNUSON PO BOX 2350 COEUR D ALENE ID 83816		JOHN F MAGNUSON 1250 NORTHWOOD CENTER CT STE A COEUR D ALENE ID 83814			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	TOM ANDERL	2875 E SPYGLASS CT	COEUR D ALENE	ID	USA	83815	
DIRECTOR	CHARLES B LEMPESIS	1950 W. BELLERIVE LANE #110	COEUR D'ALENE	ID	USA	83814	
SECRETARY	JOHN F MAGNUSON	1250 NORTHWOOD CENTER CT STE A	COEUR D ALENE	ID	USA	83816	
DIRECTOR	JOHN F. MAGNUSON	1250 NORTHWOOD CENTER COURT SUITE A	COEUR D'ALENE	ID	USA	83816	
DIRECTOR	TOM ANDERL	2875 E. SPYGLASS CT.	COEUR D'ALENE	ID	USA	83815	
5. Organized Under the Laws of: ID C 192760		6. Annual Report must be signed.* Signature: John F. Magnuson Name (type or print): John F. Magnuson					
		Date: 09/21/2015 Title: Secretary/Director					
Processed 09/21/2015		* Electronically provided signatures are accepted as original signatures.					