

No. <b>C 192760</b>		<b>Due no later than Nov 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  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	
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	
PRESIDENT	TOM ANDERL	2875 E SPYGLASS CT	COEUR D ALENE	ID	USA	83815	
DIRECTOR	CHARLES B LEMPESIS	W 201 7TH AVE	POST FALLS	ID	USA	83854	
SECRETARY	JOHN F MAGNUSON	1250 NORTHWOOD CENTER CT STE A	COEUR D ALENE	ID	USA	83816	
5. Organized Under the Laws of:  <b>ID</b> <b>C 192760</b>		6. Annual Report must be signed.*  Signature: John F. Magnuson Name (type or print): John F. Magnuson  Date: 09/19/2014 Title: Director/Secretary					
Processed 09/19/2014		* Electronically provided signatures are accepted as original signatures.					