FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736509 (1)

1. Corporation Name

CRANE'S ROOST VILLAGE CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
C/O ADMIRAL MANAGEMENT 2180 W SR 434 STE 5000 LONGWOOD FL 32779	C/O ADMIRAL MANAGEMENT 2180 W SR 434 STE 5000 LONGWOOD FL 32779

2. Principal Place of Business 21 2180 WEST SR 434	2a. Mailing Address 26 2180 WEST SR 434
Suite, Apt. #, etc. 22 5000	Suite, Apt. #, etc. 27 5000
City & State 23 LONGWOOD FL	City & State 28 LONGWOOD FL
Zip 24 32779 Country 25 USA	Zip 29 32779 Country 30 USA

3. Date Incorporated or Qualified: 07/30/1976

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-1683625 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GAUTHIER, PIERRE
2180 W SR 434 STE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: JAMES W HART JR
82 Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT INC
83 2180 WEST SR 434 SUITE 5000
84 City: LONGWOOD FL 85 Zip Code: 32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] Agent DATE: 2/24/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KENNY, LEE 510 CRANES WAY #108 ALTAMONTE SPGS, FL 00000	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D BELFLOWER, CHRIS 520 CRANES WAY #203 ALTAMONTE SPRINGS, FL 32714	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TROKE, MARY 530 CRANES WAY #301 ALTAMONTE SPGS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D SANTANGELO, JOHN 530 CRANES WAY #106 ALTAMONTE SPRINGS, FL 32714	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JONES, WOODY 520 CRANES WAY #101 ALTAMONTE SPGS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PASCHE, REGINA 610 CRANES WAY #303 ALTAMONTE SPRINGS FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCARTHY, JEREMIAH H 600 CRANES WAY, #201 ALTAMONTE SPRINGS FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHMIELER, MONICA 510 CRANES WAY #307 ALTAMONTE SPRINGS FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3-5-95 831-8556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JEREMIAH MCCARTHY