## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

736509

(1)

## CRANE'S ROOST VILLAGE CONDOMINIUM ASSOCIATION, I

Principal Place	e of Business	Mailing Address			in alau nihii bidii 21611 01011 dibil 1861
2180 WEST SR 434 2181 WEST SR 434					
SUITE 5000		SUITE 5000		ļ	
1		LONGWOOD FL 32779-4983 US		3. Date Incorporated or Qualified	3a. Date of Last Report
				07/30/1976	05/01/1996
L	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1683625	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State	ρ	City & State		6. Election Campaign Financing	
23	<u> </u>	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	glatered Agent
1			81 Name	Ingelia Gordon Prope	dy Management In
HART, JAMES JR			82 Syget Ad	dress (P.O. Goxle lumber is Not Acceptable	leX
SENTRY MANAGEMENT INC			83 0 (	o phop pri	
2180 WEST SR 434 SUITE 5000			°°  A++	N! ANGELIA G	# ROD N
LONGWO	OOD FL 32779		84 PW 10	1 pulato	FI 85 305000
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the above-named co	propration submits this statement for the p	urpose of changing its registered
nffice or r	egistered agent, or both, in the State of familiar with, and accept the oblig	of Florida. Such change was a	uthorized by the odrooi	ration's board of directors. I hereby acces	ot the appointment as registered
CIGNATURE	HMELIA GORDON P	MOFA to Manto ]	NC. / Mr.	Le Stadon	3/2/1/
SIGNATURE)	Signalize typed or printed name of registered age	ent and title if applicable. (NOTE	Registered Agent signature rec		DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D D D D D D D D D D D D D D D D D D D	☐ DELETE	1.1 TITLE	7. <b>U</b>	Change Addition
NAME OVERTI ADDRESS	BELEFLOWER, CHRIS		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS CITY+ST-ZIP	520 CRANES WAY #203 ALTAMONTE SPGS, FL 00000	1	1.4 CITY-ST-ZIP		
TITLE	SD	DELETE	2.1 TITLE		Change Addition
NAME	TROKE, MARY		2.2 NAME		
STREET ADDRESS	530 CRANES WAY #301		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS FL		2. 4 CITY-ST-ZIP		
TITLE	VD	DELETE	3.1 TITLE		Change Addition
NAME	JONES, WOODY		3.2 NAME		•
STREET ADDRESS	520 CRANES WAY #101		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	$\Gamma\mathfrak{D}$	Change Addition
NAME	PASCHE, REGINA		4. 2 NAME		
STREET ADDRESS	610 CRANES WAY #303		4.3 STREET ADDRESS		· ·
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	5	☐ Change
TITLE NAME	PD	P. Dittil	5.2 NAME	Ham Pine +	
STREET ADDRESS	MCCARTHY, JEREMIAH H 600 CRANES WAY, #201		5.3 STREET ADDRESS	510 CRAME'S Way 20	3
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		5.4 CITY-ST-ZIP	AL HAMONTE SOMINES P	2 32701
TITLE	D	DELETE	6.1 TITLE	Itilacy Pine way #20 570 CRAME'S Way #20 ALHAMONTE SPRINGS, F	☐ Change ☐ Addition
NAME	SANTANGELO, JOHN		62 NAME		
STREET ADDRESS	530 CRANES WAY #108		6.3 STREET ADDRESS		
	ALTAMANTE OPPINA		<b>1</b>		

ALTAMONTE SPRINGS FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or arrates benefit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

)/5/67 Data Davien

**FILED** 

May 09 1997 8:00am

Secretary of State

- B MARKA NORDO NUKA RINEK INKA MERIO KOM ALDIK ALDIK AKAN DINDU BARIK RINCA ANDIK

Daylkne Phone # 0012285