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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **736509** (1)

1. Corporation Name

**CRANE'S ROOST VILLAGE CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779
US**

**2181 WEST SR 434
SUITE 5000
LONGWOOD FL 32779
US**

2. Principal Place of Business

2a. Mailing Address

21 2170 SR 434 W

26 2170 SR 434 W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 384

27 SUITE 384

City & State

City & State

23 Longwood FL

28 LONGWOOD, FL

Zip

Zip

Country

Country

24 32779

25 USA

29 32779

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/30/1976

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

**GORDON, ANGELIA
PROPERTY MANAGEMENT INC.
4030 DIJON DR.
ORLANDO FL 32808**

81 Name

Marilyn C. Campbell

82 Street Address (P.O. Box Number is Not Acceptable)

2170 SR 434 W

83

Ste 384

84 City

Longwood

FL

85 Zip Code

32779

10. Name and Address of New Registered Agent

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 of 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

Marilyn C. Campbell
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

4/3/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE

NAME **BELEFLOWER, CHRIS**
STREET ADDRESS **520 CRANES WAY #203**
CITY-ST-ZIP **ALTAMONTE SPGS, FL 00000**

TITLE **SD** ☐ DELETE

NAME **TROKE, MARY**
STREET ADDRESS **530 CRANES WAY #301**
CITY-ST-ZIP **ALTAMONTE SPGS FL 32701-7777**

TITLE **TD** ☐ DELETE

NAME **PASCHE, REGINA**
STREET ADDRESS **610 CRANES WAY #303**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701-7777**

TITLE **D** ☒ DELETE

NAME **PINE, HILARY**
STREET ADDRESS **570 CRANE'S WAY, #203**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **CONNELLY, HELEN**
1.3 STREET ADDRESS **530 CRANE'S WAY #105**
1.4 CITY-ST-ZIP **ALTAMONTE SPGS, FL 32701-7777**

2.1 TITLE **VD** ☐ Change ☒ Addition

2.2 NAME **KIFFE, SUSAN**
2.3 STREET ADDRESS **630 CRANES WAY #207**
2.4 CITY-ST-ZIP **ALTAMONTE SPGS, FL 32701-7777**

3.1 TITLE **SD** ☐ Change ☒ Addition

3.2 NAME **HELVIN, MARGARET**
3.3 STREET ADDRESS **610 CRANES WAY #301**
3.4 CITY-ST-ZIP **ALTAMONTE SPGS, FL 32701-7777**

4.1 TITLE **D** ☒ Change ☐ Addition

4.2 NAME **TROKE, MARY**
4.3 STREET ADDRESS **530 CRANES WAY #301**
4.4 CITY-ST-ZIP **ALTAMONTE SPGS, FL 32701-7777**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address.

SIGNATURE:

Angelia Gordon

2-18-98

CR2E037 (10/97)