2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90057 035 ****61.25

DOCUMENT # 736509

1. Entity Name

CRANE'S ROOST VILLAGE CONDOMINIUM ASSOCIATION, I

Principal Place of Business	Mailing Address
190 NORTH WESTMONTE DR. STE 100 ALTAMONTE SPRINGS FL 32714 US	190 NORTH WESTMONTE DR. STE 100 ALTAMONTE SPRINGS FL 32714-3342 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMPBELL, MARILYN C 190 N WESTMONTE DR., STE. 100 ALTAMONTE SPRINGS FL 32714	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Marilyn Campbell 3/1/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GONNELLY, HELEN 530 CRANES WAY #105 ALTAMONTE SPGS, FL 00000 32701-7777	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PHYLLIS SMITH 600 CRANES WAY # 102 ALTAMONTE SPRINGS FL 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TROKE, MARY 530 CRANES WAY #301 ALTAMONTE SPGS FL 32701-7777	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHRIS BELFLOWER 520 CRANES WAY #203 ALTAMONTE SPRINGS FL 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PASCHE, REGINA 610 CRANES WAY #303 ALTAMONTE SPRINGS FL 32701-7777	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LORRAINE HILL 620 CRANES WAY #103 ALTAMONTE SPRINGS FL 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KIFFE, SUSAN 630 CRANES WAY #207 ALTAMONTE SPRINGS FL 32701-7777	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIEL BORDUI 600 CRANES WAY #203 ALTAMONTE SPRINGS FL 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MELVIN, MARGARET 610 CRANES WAY #301 ALTAMONTE SPRINGS FL 32701-7777	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARK TOUCHTON 620 CRANES WAY # 303 ALTAMONTE SPRINGS FL 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOTLER, MILDRED 600 CRANE'S WAY #101 ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phyllis Smith President 2/29/00 407-339-2949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #