4/1

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-17-2002 90132 009 ****61.25

DOCUMENT # 736509

1. Entity Name

CRANE'S ROOST VILLAGE CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
225 S WESTMONTE DRIVE SUITE 2050 ALTAMONTE SPRINGS FL 32714 US	PO BOX 161606 ALTAMONTE SPRINGS FL 32716-1606 US

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

[redacted]

DO NOT WRITE IN THIS SPACE

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
WOMACK, ELLEN R 225 S WESTMONTE DRIVE SUITE 2050 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 _____
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 DP NAME PASCHE, REGINA STREET ADDRESS 610 CRANES WAY #303 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701	☒ Delete	TITLE D NAME Mark Touchton STREET ADDRESS 620 - 303 Cranesway CITY-ST-ZIP Altamonte Springs, FL 32701	☐ Change ☒ Addition
TITLE DVP NAME KENNY, LEROY STREET ADDRESS 510 CRANES WAY #108 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701	☒ Delete	TITLE DP NAME Lorraine Hill STREET ADDRESS 620 Cranes Way # 104 CITY-ST-ZIP Altamonte Spring, FL 32701	☐ Change ☒ Addition
TITLE S NAME HILL, LORRAINE STREET ADDRESS 620 CRANES WAY #103 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701	☒ Delete	TITLE DS NAME Regina Pasche STREET ADDRESS 610 Cranes Way # 303 CITY-ST-ZIP Altamonte Springs, FL 32701	☐ Change ☒ Addition
TITLE DT NAME SANTANGELO, JOHN STREET ADDRESS 530 CRANES WAY #106 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701	☒ Delete	TITLE DT NAME Leroy Kenny STREET ADDRESS 510 Cranesway # 108 CITY-ST-ZIP Altamonte Spring, FL 32701	☐ Change ☒ Addition
TITLE DS NAME SOLOMITO, TONI STREET ADDRESS 520 CRANES WAY #101 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE D NAME TORRES, FELIPA STREET ADDRESS 510 CRANES WAY #304 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701	☒ Delete	TITLE DVP NAME Susan Kiffe STREET ADDRESS 630 Cranes Way # 207 CITY-ST-ZIP Altamonte Springs, FL 32701	☐ Change ☒ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED — 4-6-02 — (407)834-1424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #