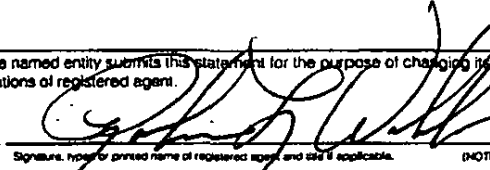
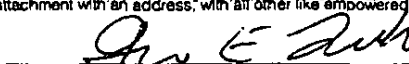


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

04-14-2006 90130 013 ****61.25

DOCUMENT # 736509			
1. Entity Name CRANE'S ROOST VILLAGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 225 S WESTMONTE DRIVE SUITE 3310 ALTAMONTE SPRINGS, FL 32714 US		Mailing Address PO BOX 162147 ALTAMONTE SPRINGS, FL 32716-2147 US	
2. Principal Place of Business 901 N. Lake Destiny Dr		3. Mailing Address ← SAME	
Suite, Apt. #, etc. 110		Suite, Apt. #, etc.	
City & State MAITLAND, FL		City & State	
Zip 32751	Country USA	Zip	Country
4. FEI Number 59-1683625		Applied For ☐ Not Applicable	
6. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOMACK, ELLEN R 225 S WESTMONTE DRIVE SUITE 3310 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name ROBIN L. WEBB Street Address (P.O. Box Number is Not Acceptable) COLDWELL BANKER COMMERCIAL, NRT. 901 N. LAKE DESTINY DR., SUITE 110 City MAITLAND FL Zip Code 32751	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  (NOTE: Registered Agent signature required when renouncing) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CONNELLER, MONICA 510 CRANES WAY #302 ALTAMONTE SPRINGS, FL 32701	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, GAIL 510 CRANES WAY #202 ALTAMONTE SPRINGS, FL 32701	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOUCHTON, MARK 620 CRANES WAY #302 ALTAMONTE SPRINGS, FL 32701	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCCARTHY, ANITA 600 CRANES WAY #201 ALTAMONTE SPRINGS, FL 32701	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRON, JOANNE 630 CRANES WAY #104 ALTAMONTE SPRINGS, FL 32701	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, BARBARA 510 CRANES WAY #302 ALTAMONTE SPRINGS, FL 32701	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Torres, Felipa 510 Cranes Way #304 Altamonte Springs, FL 32701	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		GARY LATHAM 4-12-06 407-830-9405	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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04112006 Chg-NP CR2E037 (11/05)