2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
04-14-2006 90130 013 ****61.25

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DOCUMENT # 736509

1. Entity Name
CRANE'S ROOST VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
225 S WESTMONTE DRIVE SUITE 3310 ALTAMONTE SPRINGS, FL 32714 US	PO BOX 162147 ALTAMONTE SPRINGS, FL 32716-2147 US

04112006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
901 N. Lake Destiny Dr	← 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	7. Name and Address of New Registered Agent
WOMACK, ELLEN R 225 S WESTMONTE DRIVE SUITE 3310 ALTAMONTE SPRINGS, FL 32714	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 [illegible] 510 CRANES WAY #307 ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Menard, Susan 1920 Belford Ct. Maitland, FL 32751
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV [illegible] 610 CRANES WAY #203 ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition McBratnie, Barbara 610 Cranes Way #203 Altamonte Springs, FL 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS [illegible] 620 CRANES WAY #202 ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition McCarthy, Anita 600 Cranes Way #201 Altamonte Springs, FL 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT [illegible] 600 CRANES WAY #201 ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Gonnelly, Helen 530 Cranes Way #105 Altamonte Springs, FL 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARRON, JOANNE 630 CRANES WAY #104 ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D [illegible] 530 CRANES WAY #307 ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Torres, Felipa 510 Cranes Way #304 Altamonte Springs, FL 32701

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 E. NATHAN 4-12-06 407-830-9405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #