2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # 736509

1. Entity Name

CRANE'S ROOST VILLAGE CONDOMINIUM ASSOCIATION, I



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90179 036 ****61.25

Principal Place of Business 225 S WESTMONTE DRIVE SUITE 2050 ALTAMONTE SPRINGS FL 32714 US 2. Principal Place of Business		PO BOX 161606 ALTAMONTE SPRINGS FL 32716-1606 US 3. Mailing Address					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES [Applied For]			
City & State		City & State		4. FEI Number 59	4. FEI Number 59-1683025 Not Applicable		
Zip Country		Zip Country		5. Certificate of Status Desired			
				7. Name and Addr	7. Name and Address of New Registered Agent		
	6Name and Address of Current F	Registered Agent	Name	,			
		`~		(D.C. Rey Number is Not Acceptable)			
WOMACK, ELLEN R			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
225 S WES	STMONTE DRIVE SUITE 2050				 '		
ALTAMONTE SPRINGS FL 32714						Zip Code	
			City		F <u>L</u>	1 '	
8. The above r	named entity submits this statement for ons of registered agent.	r the purpose of changing its	registered office or reg	istered agent, or both, in	the State of Florida. Tam la	ITIMA WITH, and accept	
 Signature		end title it applicable (NOT	E: Registered Agent signature re	equired when reinstating)	DATE		
	Signature, typed or printed name of registered agent	and title it applicable.					
F	ILE NOW: FEE IS \$61.25	Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Check Florida Depart	tment of State	
1			11.	ADDITIONS/CHANG	GES TO OFFICERS AND DIF	RECTORS IN 10	
10.	OFFICERS AND DI	RECTORS				- Ward I English i €	
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NAME	PASCHE, REGINA		STREET ADDRESS	MOCHENE	E WAY TO	05 05 31 3070)	
STREET ADDRESS	610 CRANES WAY #303		CITY-ST-ZIP	Wish Tain		as, 71, 33701	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3270	<u> </u>	_)		Change	
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NAME _	KENNY, LEROY		STREET ADDRESS	TELL MEAN	eswag#10	D	
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CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3270	<u></u>	▃▐ ▗ ▃▔ ▕▗	03	,	Change	
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NAME	HILL, LORRAINE		STREET ADDRESS	hitterac	#MD(1) CO	L. C 706	
STREET ADDRESS	620 CRANES WAY #103		CITY-ST-ZIP	630 CKM	L'ANNO TEST	Rings 713270	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3270	<u>)1</u>	─ ┠───┼-	 	1001 -10-1-1C-1	Change	
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STREET ADDRESS	620-303 CRANESWAY		CITY-ST-ZIP	530,000	SANTION O	ings. 753701	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3270	<u>)1</u> _		The france	1_1 _1 _1_	Change	
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NAME	KIFFE, SUSAN		NAME OTDEET ADDRESS	zeemonto	~ Way #30	ュ゛ − □	
STREET ADDRESS	630 CRANES WAY # 207		STREET ADDRESS CITY-ST-ZIP	519 CKHINE	200 Appling	1000 JUNE 30101	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 327	01		- H+011	UTIL STEVIN	Change	
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NAME	1		例》 NAME	Lorgittour,	114750 #C	NO -	
STREET ADDRESS	s		STREET ADDRESS	620 CRAN	なるなる	Was .71.3070	
CITY-ST-ZIP			CITY-ST-ZIP	· (4) (3)	Theride Statutes Librither C	certify that the information	
	y at a the lefermation supplied to	with this filing does not qualif	y for the exemption stat	ed in Section 119.07(3)(i).	, Florida Statutes. I lui inei d as if made under oath; that	I am an officer or director	

12. Thereby 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. EQUREGINA B. Pasche 2/12/03 407 788-6700