

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004175 (4)
1. Corporation Name

CRANE'S ROOST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 6250 HAZELTINE NATIONAL DRIVE SUITE 102 ORLANDO FL 32822
Mailing Address: 6250 HAZELTINE NATIONAL DRIVE SUITE 102 ORLANDO FL 32822

3. Date Incorporated or Qualified: 08/31/1995
3a. Date of Last Report

2. Principal Place of Business: 21 2180 WEST SR 434, Suite, Apt. #: etc. 22 5000, City & State 23 LONGWOOD FL, Zip 24 32779, Country 25 USA
2a. Mailing Address: 26 2180 WEST SR 434, Suite, Apt. #: etc. 27 5000, City & State 28 LONGWOOD FL, Zip 29 32779, Country 30 USA

4. FEI Number: 59-3343727, Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: GAUTHIER, PIERRE J, 2180 W STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779

10. Name and Address of New Registered Agent: 81 Name: JAMES W HART JR, 82 Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT INC, 83 2180 WEST SR 434 SUITE 5000, 84 City: LONGWOOD, FL 85 Zip Code: 32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] Agent, DATE: 2/26/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'DELL, KATHLEEN A	
STREET ADDRESS	6250 HAZELTINE NATIONAL DR SUITE 102	
CITY - ST - ZIP	ORLANDO FL 32822	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PORTER, MARK	
STREET ADDRESS	6250 HAZELTINE NATIONAL DRIVE	
CITY - ST - ZIP	ORLANDO FL 32822	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAGANICH, JOHN M	
STREET ADDRESS	1901 ASCENSION BLVD SUITE 100	
CITY - ST - ZIP	ARLINGTON TX 76006	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AULD, DAVID V	
STREET ADDRESS	6250 HAZELTINE NATIONAL DRIVE	
CITY - ST - ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] KATHLEEN A. Ode // 3/28/96 407-425-5714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)