

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N95000004175 (4)**  
1. Corporation Name  
**CRANE'S ROOST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US</b>	Mailing Address <b>2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US</b>
---	---

3. Date Incorporated or Qualified <b>08/31/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
--	--

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

**9. Name and Address of Current Registered Agent**

**HART, JAMES W JR.  
SENTRY MANAGEMENT, INC  
2180 WEST SR 434 SUIT E5000  
LONGWOOD FL 32779**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>O'DELL, KATHLEEN A</b>	
STREET ADDRESS <b>6250 HAZELTINE NATIONAL DR SUITE 102</b>	
CITY-ST-ZIP <b>ORLANDO FL 32822</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>PORTER, MARK</b>	
STREET ADDRESS <b>6250 HAZELTINE NATIONAL DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO FL 32822</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SAGANICH, JOHN M</b>	
STREET ADDRESS <b>1901 ASCENSION BLVD SUITE 100</b>	
CITY-ST-ZIP <b>ARLINGTON TX 76008</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>AULD, DAVID V</b>	
STREET ADDRESS <b>6250 HAZELTINE NATIONAL DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO FL 32822</b>	
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 checked="" type="checkbox"/> Addition
3.2 NAME <b>STD EVANS, KIMBERLY</b>	
3.3 STREET ADDRESS <b>621 DUNMAR CR</b>	
3.4 CITY-ST-ZIP <b>WINTER PARK FL 32708</b>	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>PD AULD, DAVID V</b>	
4.3 STREET ADDRESS <b>6250 HAZELTINE NATIONAL DR SUITE 102</b>	
4.4 CITY-ST-ZIP <b>ORLANDO FL 32822</b>	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CP2E037 (9/96)