

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90193 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004175

1. Corporation Name
CRANE'S ROOST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US	Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 08/31/1995	4. FEI Number 59-3343727	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HART, JAMES W JR. SENTRY MANAGEMENT, INC 2180 WEST SR 434 SUIT E5000 LONGWOOD FL 32779				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	STD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EVANS, KIMBERLY			1.2 NAME	GUYETT, DREW		
STREET ADDRESS	621 DUNMAR CR			1.3 STREET ADDRESS	640-170 CRANES WAY		
CITY-ST-ZIP	WINTER PARK FL			1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWSON, ROBERT			2.2 NAME			
STREET ADDRESS	6250 HAZELTINE NATIONAL DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32822			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AULD, DAVID V			3.2 NAME			
STREET ADDRESS	6250 HAZELTINE NATIONAL DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHARD IR			4.2 NAME			
STREET ADDRESS	550-118 CRANES WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WENGER, BOB			5.2 NAME			
STREET ADDRESS	540-202 CRANES WAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	GORDON, PEGGY		
STREET ADDRESS				6.3 STREET ADDRESS	560 CRANES WAY #126		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		

14. I 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, with all other like empowered.

SIGNATURE: [Signature] **REQUIRED** Date: 4/27/99

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CR2E037 (11/98)

535443-9093-11
N95000004175

TITLE NAME STREET ADDRESS CITY ST ZIP	DELETE	ADDITION	CHANGE
PTD GREENHUT, RICHARD 570 CRANES WAY #140 ALTAMONTE SPRINGS FL 32701		XX	

TITLE NAME STREET ADDRESS CITY ST ZIP	DELETE	ADDITION	CHANGE
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