

2000 UNIFORM BUSINESS REPORT (UBR) *Amended*

DOCUMENT # *N95000004175*

1. Entity Name
CRANE'S ROOST CONDOMINIUM ASSOC., INC.

Principal Place of Business
**225 S. Westmonte Dr.
Altamonte Springs, FL
32714**

Mailing Address
**PO Box 161606
Altamonte Springs, FL
32716-1606**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
59-3343727

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FILED
00 AUG 25 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**BOYLE, JAMES W
THE CONDO DEPOT
498 PALM SPRINGS DR. STE 270
ALTAMONTE SPRINGS, FL 32701**

7. Name and Address of New Registered Agent
Name
Margo Pfauter
Street Address (P.O. Box Number is Not Acceptable)
**Vista Community Association Management
225 S. Westmonte Suite 2050**
City
Altamonte Springs FL Zip Code
32714

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.

SIGNATURE *Margo Pfauter* DATE **7-5-00**

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRES. BOB TAYLOR 580 Cranes Way #152 Altamonte Springs, FL 32701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-D Peggy Gordon 560 Cranes Way #126 Altamonte Spgs., FL 32701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas.-D Arlene Wenger 540 Cranes Way #202 Altamonte Spgs., FL 32701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec.-D Pat Belliveau 640 Cranes Way # 268 Altamonte Spgs., FL 32701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003384120 -09/06/00--01099--007 *****61.25 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arlene D. Wenger* DATE **8-23-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARLENE D. WENGER

Date Daytime Phone #

CR2E034 (9/99)

KE