

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90386 005 ****61.25

DOCUMENT # N98000005236

1. Entity Name

CRANE'S LANDING HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~230 MOHAWK ROAD
 CLERMONT FL 34711
 US~~

~~230 MOHAWK ROAD
 CLERMONT FL 34711
 US~~

00056395



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 1747

3. Mailing Address

P.O. Box 1747

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD FL

City & State

SANFORD FL

4. FEI Number

59-3533799

Applied For

Not Applicable

Zip

Country

32732-1747

Zip

Country

32731-1747

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ZAGAME, JOSEPH E
 230 MOHAWK ROAD
 CLERMONT FL 34711~~

7. Name and Address of New Registered Agent

Name: ANGELIA GORDON Prop. Mgmt. Inc.
 Street Address (P.O. Box Number is Not Acceptable): 206 Elm Avenue
 City: SANFORD FL Zip Code: 32731

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

Angelia Gordon

2/15/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZAGAME, JOSEPH E	
STREET ADDRESS	P.O. BOX 2310 N/A	
CITY-ST-ZIP	MINNEOLA FL 34755	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ZAGAME, JANE C	
STREET ADDRESS	P.O. BOX 2310 N/A	
CITY-ST-ZIP	MINNEOLA FL 34755	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAKAR, ROBERT M	
STREET ADDRESS	P.O. BOX 2310 N/A	
CITY-ST-ZIP	MINNEOLA FL 34755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Rob Lawson		no
STREET ADDRESS	6250 Hazeltine National Dr.		
CITY-ST-ZIP	Orlando, FL 32822		
TITLE		<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	David Moss		no
STREET ADDRESS	6250 Hazeltine National Dr.		
CITY-ST-ZIP	Orlando, FL 32822		
TITLE		<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Brandy Murphy		no
STREET ADDRESS	6250 Hazeltine National Dr.		
CITY-ST-ZIP	Orlando FL 32822		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 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.

SIGNATURE: **SIGNATURE REQUIRED**

4/27/01 407-857-901

CR2E037 (10/00)