


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90761 044 \*\*\*\*61.25

**DOCUMENT # N98000005236**

1. Entity Name  
**CRANE'S LANDING HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
 % 6250 HAZELTINS NATIONAL DRIVE  
 GROVELAND, FL 34736 US

Mailing Address  
 PO BOX 803  
 GROVELAND, FL 34736

14011101



2. Principal Place of Business  
*52 E. South Street*

3. Mailing Address  
*52 E. South Street*

Suite, Apt. #, etc.

03292004 Chg-NP CR2E037 (10/03)

City & State  
*Orlando, FL 32801*

City & State  
*Orlando, FL*

Zip  
*32801* Country  
*USA*

Zip  
*32801* Country  
*USA*

4. FEI Number  
 59-3533799

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

TREANTAFEL, GEORGE  
 1494 WHOOPING DR  
 GROVELAND, FL 34736

7. Name and Address of New Registered Agent

Name  
*Don Asher & Associates, Inc.*

Street Address (P.O. Box Number is Not Acceptable)  
*52 E. South Street*

City  
*Orlando* FL Zip Code  
*32801*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *James L. Asher* (NOTE: Registered Agent signature required when reinstating)

DATE: *4/30/04*

**Filing Fee is \$61.25 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TREATAFEL, GEORGE 1494 WHOOPING DR GROVELAND, FL 34736	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIEHL, RON 1528 WHOOPING DRIVE GROVELAND, FL 34736	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SZEMCSAK, BILL 1738 CROWNED AVENUE GROVELAND, FL 34736	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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

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: *George P. Truball* DATE: *4/29/04* DAYTIME PHONE #: *407-425-4561*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR