


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90025 042 ****61.25

DOCUMENT # N98000005236

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



Principal Place of Business
 52 E SOUTH ST
 ORLANDO, FL 32801 US

Mailing Address
 52 E SOUTH ST
 ORLANDO, FL 32801 US

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

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

06172005 Chg-NP CR2E037 (10/03)

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

DON ASHER & ASSOCIATES INC
 52 E SOUTH ST
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$61.25
Due by September 7, 2005

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	PD	<input type="checkbox"/> Delete
NAME	TREATAFEL, GEORGE	
STREET ADDRESS	1494 WHOOPING DR	
CITY-ST-ZIP	GROVELAND, FL 34736	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GIEHL, RON	
STREET ADDRESS	1528 WHOOPING DRIVE	
CITY-ST-ZIP	GROVELAND, FL 34736	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SZEMCSAK, BILL	
STREET ADDRESS	1738 CROWNED AVENUE	
CITY-ST-ZIP	GROVELAND, FL 34736	
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 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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dubose, Celeste	
STREET ADDRESS	1713 Manchester street	
CITY-ST-ZIP	Groveland, Fl 34736	
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: George P. Treatafel _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_____ Date _____ Daytime Phone # _____