

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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FILED

2007 APR 23 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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		
2. Principal Place of Business - No P.O. Box # 1738 CROWNED AVE		3. Mailing Address P.O. Box 44			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State GROVELAND FL.		City & State GROVELAND FL.		4. FEI Number 59-3533799	
Zip 34736		Country LAKE		Applied For Not Applicable	
Zip 34736		Country LAKE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 William SZEMCSAK JR.		
			Street Address (P.O. Box Number is Not Acceptable) 1738 CROWNED AVE.		
			City GROVELAND FL Zip Code 34736		
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 <i>William Szemcsak Jr.</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 04/18/2007	
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	NAME SZEMCSAK, WILLIAM JR	<input type="checkbox"/> Delete		TITLE P/D	NAME SZEMCSAK, William Jr.
STREET ADDRESS 52 E SOUTH ST	CITY-ST-ZIP ORLANDO, FL 32801			STREET ADDRESS 1738 CROWNED AVE	CITY-ST-ZIP GROVELAND FL 34736
TITLE VP	NAME QUICKEL, ALLEN	<input type="checkbox"/> Delete		TITLE V/D	NAME QUICKEL, ALLEN
STREET ADDRESS 52 E SOUTH ST	CITY-ST-ZIP ORLANDO, FL 32801			STREET ADDRESS 1519 WHOOPING DRIVE	CITY-ST-ZIP GROVELAND FL 34736
TITLE ST	NAME DUBOSE, CELESTE	<input checked="" type="checkbox"/> Delete		TITLE T/D	NAME MAUER, LESHA
STREET ADDRESS 1713 MANCURIAN STREET	CITY-ST-ZIP GROVELAND, FL 34736			STREET ADDRESS 1649 STANLEY AVE.	CITY-ST-ZIP GROVELAND FL 34736
TITLE 	NAME 	<input type="checkbox"/> Delete		TITLE S/D	NAME WATLER, DENISE
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 1575 WHOOPING DRIVE	CITY-ST-ZIP GROVELAND FL 34736
TITLE 	NAME 	<input type="checkbox"/> Delete		TITLE D	NAME BARRON, DAVID
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 1753 MANCURIAN ST.	CITY-ST-ZIP GROVELAND FL 34736
TITLE 	NAME 	<input type="checkbox"/> Delete		TITLE D	NAME BRISTO, JODD
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 1646 STANLEY AVE	CITY-ST-ZIP GROVELAND FL 34736
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>William Szemcsak Jr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				President Director 4/18/07 Date Daytime Phone # 352 449 9575	

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Additional Board of Director

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Liska Jim
1672 Brølga Street
Groveland, FL. 34736