

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

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04-28-2003 90217 013 ****61.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005236



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

Principal Place of Business
2180 W SR 434
SUITE 5000
LONGWOOD FL 32779-5004
US

Mailing Address
2180 W SR 434
SUITE 5000
LONGWOOD FL 32779-5004
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.
P.O. Box 803

City & State
Groveland FL

City & State
Groveland FL

Zip Country
34736 U.S.

Zip Country
34736 U.S.

4. FEI Number **59-3533799** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
HART, JR, JAMES W
SENTRY MANAGEMENT INC.
2180 W SR 434, SUITE 5000
LONGWOOD FL 32779-5004

7. Name and Address of New Registered Agent
Name **George Treadafel**
Street Address (P.O. Box Number is Not Acceptable)
1494 Whooping dr
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 *George Treadafel* DATE **5/21/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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 LAWSON, ROB 6250 HAZELTINS NATIONAL DRIVE ORLANDO FL 32822	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOSS, DAVID 6250 HAZELTINS NATIONAL DRIVE ORLANDO FL 32822	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, BRANDY 6250 HAZELTINS NATIONAL DRIVE ORLANDO FL 32822	<input checked="" 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	P/D TREATAFEL, GEORGE 1494 WHOOPING DRIVE GROVELAND, FL 34736	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D GIEHL, RON 1528 WHOOPING DRIVE GROVELAND, FL 34736	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SZEMCSAK, BILL 1738 CROWNED AVENUE GROVELAND, FL 34736	<input type="checkbox"/> Change <input checked="" 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.