

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004175 (4)

1. Corporation Name

CRANE'S ROOST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6250 HAZELTINE NATIONAL DRIVE
SUITE 102
ORLANDO FL 32822

6250 HAZELTINE NATIONAL DRIVE
SUITE 102
ORLANDO FL 32822



3. Date Incorporated or Qualified

08/31/1995

3a. Date of Last Report

2. Principal Place of Business
21 2180 WEST SR 434

Suite, Apt. #, etc.
22 5000

City & State
23 LONGWOOD FL

Zip
24 32779

Country
25 USA

2a. Mailing Address
26 2180 WEST SR 434

Suite, Apt. #, etc.
27 5000

City & State
28 LONGWOOD FL

Zip
29 32779

Country
30 USA

4. FEI Number
59-3343727

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAUTHIER, PIERRE J
2180 W STATE ROAD 434
SUITE 5000
LONGWOOD FL 32779**

81 Name
JAMES W HART JR

82 Street Address (P.O. Box Number is Not Acceptable)
SENTRY MANAGEMENT INC

83 **2180 WEST SR 434 SUITE 5000**

84 City
LONGWOOD

FL

85 Zip Code
32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD O'DELL, KATHLEEN A**
STREET ADDRESS **6250 HAZELTINE NATIONAL DR SUITE 102**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ DELETE
NAME **VD PORTER, MARK**
STREET ADDRESS **6250 HAZELTINE NATIONAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ DELETE
NAME **SD SAGANICH, JOHN M**
STREET ADDRESS **1901 ASCENSION BLVD SUITE 100**
CITY-ST-ZIP **ARLINGTON TX 76006**

TITLE ☐ DELETE
NAME **TD AULD, DAVID V**
STREET ADDRESS **6250 HAZELTINE NATIONAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

KATHLEEN A. Ode
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/96 407-425-5714

CR2E037 (12/95)