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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004175

1. Corporation Name

CRANE'S ROOST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US

Mailing Address

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/31/1995

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

9. Name and Address of Current Registered Agent

HART, JAMES W JR.
SENTRY MANAGEMENT, INC
2180 WEST SR 434 SUIT E5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE STD ☒ DELETE
NAME EVANS, KIMBERLY
STREET ADDRESS 621 DUNMAR CR
CITY-ST-ZIP WINTER PARK FL

TITLE D ☒ DELETE
NAME LAWSON, ROBERT
STREET ADDRESS 6250 HAZELTINE NATIONAL DR
CITY-ST-ZIP ORLANDO FL 32822

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

TITLE D ☒ DELETE
NAME RICHARD IR
STREET ADDRESS 550-118 CRANES WAY
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE D ☐ DELETE
NAME WENGER, BOB
STREET ADDRESS 540-202 CRANES WAY
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD ☐ Change ☒ Addition
1.2 NAME GUYETT, DREW
1.3 STREET ADDRESS 640-170 CRANES WAY
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

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

3.1 TITLE D ☒ 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 VD ☐ Change ☒ Addition
6.2 NAME GORDON, PEGGY
6.3 STREET ADDRESS 560 CRANES WAY #126
6.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

14. 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 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, with all other like empowered.

SIGNATURE:

James W. Hart
REQUIRED

4/27/99

Date

Daytime Phone #

CR2E037 (11/98)

535443-9093-11
N95000004175

	DELETE	ADDITION	CHANGE
TITLE			
NAME	PTD	XX	
STREET ADDRESS	GREENHUT, RICHARD		
CITY ST ZIP	570 CRANES WAY #140		
	ALTAMONTE SPRINGS FL 32701		

	DELETE	ADDITION	CHANGE
TITLE			
NAME			
STREET ADDRESS			
CITY ST ZIP			

	DELETE	ADDITION	CHANGE
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CITY ST ZIP			