

2000 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # *N95000004175*

1. Entity Name

CRANE'S ROOST CONDOMINIUM ASSOC., INC.

Principal Place of Business

225 S. Westmonte Dr.
Altamonte Springs, FL
32714

Mailing Address

PO Box 161606
Altamonte Springs, FL
32716-1606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYLE, JAMES W
THE CONDO DEPOT
498 PALM SPRINGS DR. STE 270
ALTAMONTE SPRINGS, FL 32701

Name
Margo Pfauser
Street Address (P.O. Box Number is Not Acceptable)
Vista Community Association Management
225 S. Westmonte Suite 2050
City **Altamonte Springs** **FL** Zip Code **32714**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Margo Pfauser

7-5-00

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES.	<input type="checkbox"/> Delete
NAME	BOB TAYLOR	
STREET ADDRESS	580 Cranes Way #152 Altamonte Springs, FL 32701	
CITY-ST-ZIP		
TITLE	VP-D	<input type="checkbox"/> Delete
NAME	Peggy Gordon	
STREET ADDRESS	560 Cranes Way #126	
CITY-ST-ZIP	Altamonte Spgs., FL 32701	
TITLE	Treas.-D	<input type="checkbox"/> Delete
NAME	Arlene Wenger	
STREET ADDRESS	540 Cranes Way #202	
CITY-ST-ZIP	Altamonte Spgs., FL 32701	
TITLE	Sec.-D	<input type="checkbox"/> Delete
NAME	Pat Belliveau	
STREET ADDRESS	640 Cranes Way # 268	
CITY-ST-ZIP	Altamonte Spgs., FL 32701	
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"/> 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		<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		

000003384120-6
-09/06/00--01099--007
*****61.25 *****61.25

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arlene D. Wenger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARLENE D. WENGER

8-23-00

Date

Daytime Phone #

FILED
00 AUG 25 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

KE

CR2E034 (9/99)