

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004175

FILED
Mar 31, 2010
Secretary of State

Entity Name: CRANE'S ROOST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DR.
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

225 S WESTMONTE DR
STE #3310
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

PO BOX 162147
ALTAMONTE SPRINGS, FL 32716 US

New Mailing Address:

FEI Number: 59-3343727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN R AGENT
225 S WESTMONTE DRIVE
SUITE #3310
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

VISTA COMMUNITY ASSOCIATION MANAGEMENT, IN
225 S WESTMONTE DR
#3310
ALTAMONTE SPRINGS, FL 32714 US

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: ELLEN R WOMACK

03/31/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: COIGN, PAMELA
Address: 550 CRANES WAY #122
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DPT
Name: WENGER, ARLENE
Address: 540 CRANES WAY #202
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DS
Name: MCGLOIN, MARY
Address: 640 CRANES WAY #172
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DV
Name: DUNN, RICHARD
Address: 640 CRANES WAY #168
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D
Name: MCHUGH, PAT
Address: 540 CRANES WAY #108
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARLENE WENGER

DPT

03/31/2010

Electronic Signature of Signing Officer or Director

Date