## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004175

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

FILED
Apr 25, 2014
Secretary of State
CC3587543842

## **Current Principal Place of Business:**

225 S WESTMONTE DR STE #3310

ALTAMONTE SPRINGS, FL 32714

## **Current Mailing Address:**

PO BOX 162147

ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 59-3343727 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

VISTA COMMUNITY ASSOCIATION MANAGEMENT 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:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title SECRETARY Title PRESIDENT, TREASURER

Name COIGN, PAMELA W Name WENGER, ARLENE
Address PO BOX 162147 Address PO BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title DIRECTOR Title VP

Name MCGLOIN, MARY W Name DUNN, RICHARD W
Address PO BOX 162147 Address PO BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title DIRECTOR

Name MCHUGH, PAT

Address PO BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716

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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/25/2014