

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005236

**Entity Name:** CRANE'S LANDING HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

13427 BLUE HERON BEACH DRIVE  
ORLANDO, FL 32821

**Current Mailing Address:**

P.O. BOX 1009  
GROVELAND, FL 34736 US

**FEI Number:** 59-3533799

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOSAIC SERVICES LLC  
14427 PEPPERMILL TR  
CLERMONT, FL 34711 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:** JENNIFER S CAIN

02/21/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BROWN, TANYA M  
Address P.O. BOX 1009  
City-State-Zip: GROVELAND FL 34736

Title DIRECTOR  
Name MARLENE, HENAO  
Address P.O. BOX 1009  
City-State-Zip: GROVELAND FL 34736

Title PRESIDENT  
Name JONES, IMOGENE  
Address P.O. BOX 1009  
City-State-Zip: GROVELAND FL 34736

Title DIRECTOR  
Name SIMONE, JOHN  
Address P.O. BOX 1009  
City-State-Zip: GROVELAND FL 34736

Title SECRETARY, TREASURER  
Name BRUNO, MARY  
Address P.O. BOX 1009  
City-State-Zip: GROVELAND FL 34736

Title VP  
Name MARRERO, TODD  
Address P.O. BOX 1009  
City-State-Zip: GROVELAND FL 34736

*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:** IMOGENE JONES

PRESIDENT

02/21/2017

Electronic Signature of Signing Officer/Director Detail

Date