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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704665** (9)

1. Corporation Name

CRANWELL HOUSE INC

Principal Place of Business

Mailing Address

**54 ISLE OF VENICE
FORT LAUDERDALE FL 33301**

**54 ISLE OF VENICE
APT 2
FORT LAUDERDALE FL 33301
US**

3. Date Incorporated or Qualified

10/16/1962

4. FEI Number

59-1085322

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERRARO, JOSEPH
54 ISLE OF VENICE #2
CRANWELL HOUSE
FT. LAUDERDALE FL 33301**

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 **P** ☐ DELETE

NAME **FERRARO, JOSEPH**
STREET ADDRESS **54 ISLE OF VENICE #2**
CITY-STATE-ZIP **FT. LAUDERDALE FL 33301**

TITLE **PD** ☒ DELETE

NAME **STONE, HOWARD**
STREET ADDRESS **54 ISLE OF VENICE #9**
CITY-STATE-ZIP **FT. LAUDERDALE FL 33301**

TITLE **D** ☒ DELETE

NAME **TOSCANO, LEO M.**
STREET ADDRESS **54 ISLE OF VENICE #3**
CITY-STATE-ZIP **FT. LAUDERDALE FL 33301**

TITLE **S** ☒ DELETE

NAME **WISEMAN, JOYCE R**
STREET ADDRESS **54 ISLE OF VENICE #10**
CITY-STATE-ZIP **FT. LAUDERDALE FL 33301**

TITLE **D** ☐ DELETE

NAME **BAKALIAN, ARAM**
STREET ADDRESS **54 ISLE OF VENICE #1**
CITY-STATE-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **PATRICK CASTAGNA**
STREET ADDRESS **54 ISLE OF VENICE #8**
CITY-STATE-ZIP **FT. LAUDERDALE, FL 33301**

2.1 TITLE ☒ Change ☐ Addition

NAME **V. P. JOSEPH FERRARO #2**
STREET ADDRESS **54 ISLE OF VENICE**
CITY-STATE-ZIP **FT. LAUDERDALE, FL 33301**

3.1 TITLE ☐ Change ☐ Addition

NAME **SEC-TAHSUREN**
STREET ADDRESS **KERTH BELL**
CITY-STATE-ZIP **54 ISLE OF VENICE**
FT. LAUDERDALE, FL 33301

4.1 TITLE ☐ Change ☐ Addition

NAME **Director**
STREET ADDRESS **PETER DELUCA**
CITY-STATE-ZIP **54 ISLE OF VENICE #4**
FT. LAUDERDALE, FL 33301

5.1 TITLE ☒ Change ☐ Addition

NAME **Director**
STREET ADDRESS **ARAM BAKALIAN**
CITY-STATE-ZIP **54 ISLE OF VENICE**
FT. LAUDERDALE, FL 33301

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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.

SIGNATURE:

Patrick Castagna 1-6-98 954-527-4549

CR2E037 (10/97)