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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744668

1. Corporation Name

CRANBROOK TOWN HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

% CREST PROPERTY MANAGEMENT, INC.
 PO BOX 452347
 SUNRISE FL 33345
 US

Mailing Address

% CREST PROPERTY MANAGEMENT, INC.
 PO BOX 452347
 SUNRISE FL 33345
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/23/1978

4. FEI Number

59-2145387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

A&M PROPERTY MGMT
 3475 HIATUS RD
 SUNRISE FL 33364

10. Name and Address of New Registered Agent

81 Name **CREST Property Mgmt**
 82 Street Address (P.O. Box Number is Not Acceptable) **4700 Hiatus Road 156**
 83
 84 City **Sunrise** FL 85 Zip Code **33345**

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

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

Agent
 (NOTE: Registered Agent signature required when reinstating)

3/23/99
 DATE

12.

OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DOINO, JOSEPH	
STREET ADDRESS	4617 NW 9 AVE	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GLENN, CHERYL	
STREET ADDRESS	4681 NW 9TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, HENRY	
STREET ADDRESS	4517 NW 9 AVE	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARRIETO, BETTY	
STREET ADDRESS	933 NW 45TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chuck Renard	
1.3 STREET ADDRESS	4577 NW 9th Ave	
1.4 CITY-ST-ZIP	POMPANO Bch FL 33064	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James Wattersa	
2.3 STREET ADDRESS	4661 NW 9th Ave	
2.4 CITY-ST-ZIP	POMPANO Bch FL 33064	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Myra Ballou	
5.3 STREET ADDRESS	4589 NW 9th Ave	
5.4 CITY-ST-ZIP	POMPANO Bch FL 33064	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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, with all other like empowered.

SIGNATURE: *Henry*

SIGNATURE REQUIRED

3/25/99

765-8620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)