2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State
04-30-2004 90339 011 ****61.25

66423563

DOCUMENT # 744668

1. Entity Name
CRANBROOK TOWN HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% CREST PROPERTY MANAGEMENT, INC. PO BOX 452347 SUNRISE, FL 33345 US	% CREST PROPERTY MANAGEMENT, INC. PO BOX 452347 SUNRISE, FL 33345 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE #18
City & State	City & State BOCA RATON, FL
Zip / Country	Zip 33431 / Country USA

02062004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2145387 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CREST PROPERTY MGMT 4700 HIATUS RD 156 SUNRISE, FL 33345	Name ---WILLIS, ERNEST W. Street Address (P.O. Box Number is Not Acceptable) C/O BEACON PROPERTY MANAGEMENT, INC. 500 NE SPANISH RIVER BLVD., STE. 18 City BOCA RATON, FL Zip Code 33431

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ ERNEST W. WILLIS 5/19/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAMMOND, DONALD 4533 NW 9TH AVE. POMPANO BCH, FL 33064	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HOPHAN, SANDRA 4677 NW 9th AVENUE DEERFIELD BEACH, FL 33064	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WOODHOUSE, NYE 4673 NW 9TH AVE POMPANO BCH, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WOODHOUSE, FRED 4673 NW 9th AVENUE DEERFIELD BEACH, FL 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HERNANDEZ, HENRY 4517 NW 9 AVE POMPANO BCH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HERNANDEZ, ENRIQUE 2046 N. CONFERENCE DRIVE BOCA RATON, FL 33486-3145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILVA, LUIS 4617 NMW 9TH AVE. POMPANO BEACH, FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOPINOT, AUDRY 4549 NW 9th AVENUE DEERFIELD BEACH, FL 33064	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROSSI, LORI 921 NW 95TH ST POMPANO BCH, FL 33064	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #