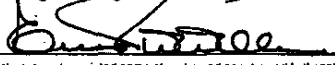
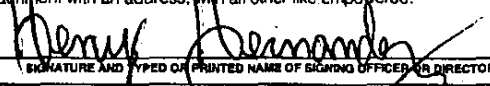


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

04-30-2004 90339 011 ****61.25

DOCUMENT # 744668 1. Entity 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 Suite, Apt. #, etc.		3. Mailing Address BEACON PROPERTY MGMT. INC. Suite, Apt. #, etc. SUITE #18 500 NE SPANISH RIVER BLVD.		66423563 		
City & State Zip		City & State BOCA RATON, FL Zip 33431		4. FEI Number 59-2145387 Applied For ☐ Not Applicable		
Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		02062004 Chg-NP CR2E037 (10/03)		
6. Name and Address of Current Registered Agent CREST PROPERTY MGMT. 4700 HIATUS RD 156 SUNRISE, FL 33345				7. Name and Address of New Registered Agent 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  Signature, typed or printed name of registered agent and title if applicable.		ERNEST W. WILLIS (NOTE: Registered Agent signature required when reinstating)		5/19/2004 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 ☒ Delete 4533 NW 9TH AVE. POMPANO BCH, FL 33064			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOPHAN, SANDRA ☐ Change ☒ Addition 4677 NW 9th AVENUE DEERFIELD BEACH, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODHOUSE, NYE ☐ Delete 4673 NW 9TH AVE POMPANO BCH, FL 33064			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODHOUSE, FRED ☒ Change ☐ Addition 4673 NW 9th AVENUE DEERFIELD BEACH, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERNANDEZ, HENRY ☐ Delete 4517 NW 9 AVE POMPANO BCH, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, ENRIQUE ☒ Change ☐ Addition 2046 N. CONFERENCE DRIVE BOCA RATON, FL 33486-3145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, LUIS ☒ Delete 4617 NMW 9TH AVE. POMPANO BEACH, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPINOT, AUDRY ☐ Change ☒ Addition 4549 NW 9th AVENUE DEERFIELD BEACH, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSSI, LORI ☒ Delete 921 NW 95TH ST POMPANO BCH, FL 33064			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 of supplemental reports 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/26/04 Date		