


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90287 029 ****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 C/O BEACON PROPERTY MGMT INC 500 NE SPANISH RIVER BLVD STE 18 BOCA RATON, FL 33431 US		
2. Principal Place of Business 4649 N.W. 9 Ave.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pompano Beach, FL		City & State		4. FEI Number 59-2145387	
Zip 33064		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIS, ERNEST W C/O BEACON PROPERTY MANAGEMENT INC 500 NE SPANISH RIVER BLVD STE 18 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOPHAN, SANDRA 4677 NW 9TH AVENUE POMPANO BCH, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODHOUSE, FRED 4673 NW 9TH AVE POMPANO BCH, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, ENRIQUE 2046 N CONFERENCE DRIVE BOCA RATON, FL 334863145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPINOT, AUDRY 4549 NW 9TH AVENUE DEERFIELD BEACH, FL 330645	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSSI, LORI 921 NW 95TH ST POMPANO BCH, FL 33064	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D woodhouse, Nye 4673 NW 9 Ave Pompano Bch, FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPINOT, AUDRY 4549 NW 9TH AVENUE DEERFIELD BEACH, FL 330645	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSSI, LORI 921 NW 95TH ST POMPANO BCH, FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPINOT, AUDRY 4549 NW 9TH AVENUE DEERFIELD BEACH, FL 330645	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ 561-750-0040 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					