2007 NOT-FOR-PROFIT CORPORATION

SIGNATURE:

IND TYPED OR PRINTED NAME OF SIGNING OFFICER O

Apr 30, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #744668** 04-30-2007 90854 050 ****61.25 CRANBROOK TOWN HOME OWNERS ASSOCIATION, INC Principal Place of Business Mailing Address 4649 NW 9 AVE C/O BEACON PROPERTY MGMT INC 500 NE SPANISH RIVER BLVD STE 18 POMPANO BEACH, FL 33064 US BOCA RATON, FL 33431 3. Mailing Address Suite, Apt. #, etc. 02142007 Chg-NP CR2E037 (12/06) Applied For City & State 4. FEI Number 59-2145387 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 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 BOCA RATON, FL 33431 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 LACTOUR Filing Fee is \$61.25 9. Election Campaig Financing Make check payable to \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. SD ☐ Delete TITLE ☐ Change TITLE enrique temandec NAME NAME ARRIETA, BETTY 933 N.W. 45TH ST STREET ADDRESS STREET ADDRESS GNING E 164 Conferen CITY-ST-ZIP DEERFIELD BEACH, FL 33064 CITY-ST-ZIP ☐ Delete TITLE TITLE HAMMOND, DONALD NAME NAME med wood house STREET ADDRESS 4533 NW 9TH AVE STREET ADDRESS DEERFIELD BEACH, FL 33064 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change SLOLEY, MARLENE NAME NAME 4565 NW 9 AVE STREET ADDRESS STREET ADDRESS POMPANO BEACH, FL 33064 CSTY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 life empowered.

DIRECTOR

Daytime Phone #

Date