

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90039 047 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                     |                                                                                                                         |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 744668</b><br>1. Entity Name<br><b>CRANBROOK TOWN HOME OWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                     |                                                                                                                         |  |  |
| Principal Place of Business<br><b>500 NE SPANISH RIVER BLVD<br/>SUITE 18<br/>BOCA RATON, FL 33431 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                     | Mailing Address<br><b>C/O BEACON PROPERTY MGMT INC<br/>500 NE SPANISH RIVER BLVD STE 18<br/>BOCA RATON, FL 33431 US</b> |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | 3. Mailing Address                                                                  |                                                                                                                         |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Suite, Apt. #, etc.                                                                 |                                                                                                                         |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | City & State                                                                        |                                                                                                                         |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                         | Zip                                                                                 | Country                                                                                                                 | 4. FEI Number<br><b>59-2145387</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                     |                                                                                                                         | Applied For<br>Not Applicable                                                     |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                     |                                                                                                                         | 7. Name and Address of New Registered Agent                                       |  |
| <b>WILLIS, ERNEST W<br/>C/O BEACON PROPERTY MANAGEMENT INC<br/>500 NE SPANISH RIVER BLVD STE 18<br/>BOCA RATON, FL 33431</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                     |                                                                                                                         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                     |                                                                                                                         |                                                                                   |  |
| <b>Filing Fee Is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                         | <b>\$5.00 May Be<br/>Added to Fees</b>                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | <b>Make check payable to<br/>Florida Department of State</b>                        |                                                                                                                         |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                   |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SD                              | <input type="checkbox"/> Delete                                                     | TITLE                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ARRIETA, BETTY                  |                                                                                     | NAME                                                                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 933 N.W. 45TH ST                |                                                                                     | STREET ADDRESS                                                                                                          |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DEERFIELD BEACH, FL 33064       |                                                                                     | CITY - ST - ZIP                                                                                                         |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                               | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HAMMOND, DONALD                 |                                                                                     | NAME                                                                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4533 NW 9TH AVE                 |                                                                                     | STREET ADDRESS                                                                                                          |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DEERFIELD BEACH, FL 33064       |                                                                                     | CITY - ST - ZIP                                                                                                         |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                               | <input type="checkbox"/> Delete                                                     | TITLE                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SLOLEY, MARLENE                 |                                                                                     | NAME                                                                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4565 NW 9 AVE                   |                                                                                     | STREET ADDRESS                                                                                                          |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | POMPANO BEACH, FL 33064         |                                                                                     | CITY - ST - ZIP                                                                                                         |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PD                              | <input type="checkbox"/> Delete                                                     | TITLE                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HERNANDET, ENRIQUE              |                                                                                     | NAME                                                                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2046 NORTH CONFERENCE DR        |                                                                                     | STREET ADDRESS                                                                                                          |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BOCA RATON, FL 33486            |                                                                                     | CITY - ST - ZIP                                                                                                         |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TVD                             | <input type="checkbox"/> Delete                                                     | TITLE                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WOODHOUSE, FRED                 |                                                                                     | NAME                                                                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4673 NW 9TH AVE                 |                                                                                     | STREET ADDRESS                                                                                                          |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DEERFIELD BEACH, FL 33064       |                                                                                     | CITY - ST - ZIP                                                                                                         |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete |                                                                                     | TITLE                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                     | NAME                                                                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                     | STREET ADDRESS                                                                                                          |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                     | CITY - ST - ZIP                                                                                                         |                                                                                   |  |
| 12. I hereby certify that the information supplied with this filing 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 like empowered. |                                 |                                                                                     |                                                                                                                         |                                                                                   |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                     |                                                                                                                         |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                     |                                                                                                                         |                                                                                   |  |
| Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                     |                                                                                                                         |                                                                                   |  |