

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:24

DOCUMENT # 745635 (3)
1. Corporation Name
CRANE CREEK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
P O BOX 651 P O BOX 651
PALM CITY FL 34990 PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/19/1979 3a. Date of Last Report 03/17/1994
4. FEI Number 59-1898734 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGLIS, STEVE
C/O BRISTOL MANAGEMENT
103 SO US HWY 1 F5-135
JUPITER FL 33477

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP
1 PALETTA, JOSEPH 3485 SW FOREST HILL CT PALM CITY FL
2 HEMBERGER, JOHN 1744 SW ST. ANDREWS DRIVE PALM CITY FL
3 BRYAN, JACK, 1924 SW ST. ANDREWS DR. PALM CITY FL
4 GRISWOLD, KAREN 1793 SW CRANE CRK AVE PALM CITY FL
5 LEE, FRANK 3612 SW MASHIE COURT PALM CITY FL
6 SAURINI, JOE P.O. BOX 1140 N/A PALM CITY FL

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
D SHELDON, HOWARD 2000 SW RACQUET CLUB DR. PALM CITY, FL
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
VANHOFF, JON 1959 SW WINNERS CIR PALM CITY, FL
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
VP
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
P
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
D ACKER, W.W. 2401 SW RACQUET CLUB PALM CITY, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frank Lee
SIGNATURE AND EXPIRATION PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Day(s) Month Year