

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745635** (3)
1. Corporation Name
CRANE CREEK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business P O BOX 651 PALM CITY FL 34990	Mailing Address P O BOX 651 PALM CITY FL 34991-0651
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3. Date Incorporated or Qualified 01/19/1979		3a. Date of Last Report 04/15/1996	
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	
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 Zip	Country	Country
24	25	29	30

9. Name and Address of Current Registered Agent
**INGLIS, STEVE
C/O BRISTOL MANAGEMENT
103 SO US HWY 1 F5-135
JUPITER FL 33477**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.	
SIGNATURE _____	DATE _____
(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS	
TITLE	NAME
SD	MCGREGOR, CHRISTEL
2311 SW RACQUET CLUB DR.	PALM CITY FL
TITLE	NAME
TD	LOVELAND, JOHN
3054 SW WIMBLEDOW TERRACE	PALM CITY FL
TITLE	NAME
D	RILEY, BART
3034 SW WIMBLEDOW TERRACE	PALM CITY FL
TITLE	NAME
VP SD	GRISWOLD, KAREN
1793 SW CRANE CRK AVE	PALM CITY FL
TITLE	NAME
P	LEE, FRANK
3612 SW MASHIE COURT	PALM CITY FL
TITLE	NAME
D	KOENIG, PAUL
1575 SW ST. ANDREWS DR.	PALM CITY FL
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	NAME
D	DI'GANGE-SCHNEIDER, ROSE ANN
1.2 NAME	1880 SW CRANE CREEK AVE
1.3 STREET ADDRESS	PALM CITY, FL
1.4 CITY - ST - ZIP	
2.1 TITLE	NAME
VPD	WEBB, DAVID
2.2 NAME	1761 SW CRANE CREEK AVE.
2.3 STREET ADDRESS	PALM CITY, FL
2.4 CITY - ST - ZIP	
3.1 TITLE	NAME
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	NAME
SD	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	NAME
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	NAME
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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.

CR2E037 (9/96)