2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # 745635

1. Entity Name
CRANE CREEK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1930 COMMERCE LANE SUITE 1 JUPITER, FL 33458	1930 COMMERCE LANE SUITE 1 JUPITER, FL 33458

02032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1898734
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INGLIS, STEVE
C/O BRISTOL MANAGMENT
1930 COMMERCE LANE # 1
JUPITER, FL 33458

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DONDERO, ANNIE
STREET ADDRESS	3034 SW WIMBLEDON TERR
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	DVP
NAME	MADDEN, BOB
STREET ADDRESS	1766 CRAWE CREEK CIR
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	SD
NAME	GRISWOLD, KAREN
STREET ADDRESS	1793 SW CRANE CRK AVE
CITY-ST-ZIP	PALM CITY, FL
TITLE	PD
NAME	COON, DON
STREET ADDRESS	1899 CRANE CREEK AVE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	TD
NAME	SAUM, MATT
STREET ADDRESS	2772 SW RACQUET CLUB DR
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/14/06 80002-001 61.25

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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.

SIGNATURE: Don Coon 2/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #