2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745635

FILED Apr 08, 2009 Secretary of State

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

Current Principal Place of Business:			New F	New Principal Place of Business:		
1930 COMMERCE LANE				543 NW LAKE WHITNEY PLACE		
STE. 1 JUPITER, FL 33458				STE. 101 PORT SAINT LUCIE, FL 34986		
Current Mailing Address:			New N	New Mailing Address:		
1930 COMMERCE LANE				543 NW LAKE WHITNEY PLACE		
STE. 1 JUPITER, I	FL 33458		STE. 1 PORT	. 101 IT SAINT LUCIE, FL 34986		
El Number:	59-1898734	FEI Number Applied For ()	FEI Number Not	ot Applicable () Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name	e and Address of New Registered Agent:		
BONAN, ELIZABETH ESQ 759 S FEDERAL HWY SUTIE 212 STUART, FL 34994 US			759 S SUITE	BONAN, ELIZABETH ESQ 759 S FEDERAL HWY SUITE 212 STUART, FL 34994 US		
	named entity : of Florida.	submits this statement for the p	urpose of chang	nging its registered office or registered agent, or both,		
SIGNATURE:				04/08/2009		
	Electror	nic Signature of Registered Age	∍nt	Date		
OFFICERS	S AND DIREC	TORS:	ADDIT	ITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	VPD () DONDERO, AN 3034 SW WIMI PALM CITY, FL	BLEDON TERR	Title: Name: Address City-St	ss:		
Title: Name: Address: City-St-Zip:	WEBB, DAVID) Delete NE CREEK AVE . 34990	Title: Name: Address City-St	ss:		
Title: Name: Address: City-St-Zip:	YOUNG, LANE) Delete QUET CLUB DRIVE . 34990	Title: Name: Address City-St-	ss: 2492 SW RACQUET CLUB DRIVE		
Title: Name: Address: City-St-Zip:	PD () COON, DON 1899 CRANE O PALM CITY, FL		Title: Name: Address City-St	ss:		
Title: Name: Address: City-St-Zip:	THORNHILL, D	NDREWS DRIVE	Title: Name: Address City-St-:	ss:		
Title: Name: Address:	WARREN, H.B.) Delete NDREWS DRIVE . 34990	Title: Name: Address	*		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIZ DIAZ LCAM 04/08/2009