

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751869

FILED
Apr 14, 2009
Secretary of State

Entity Name: CRANE'S ROOST VILLAS HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

2180 W. STATE RD 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. STATE RD 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-1989412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: DEMATEIS, JOSH
Address: 709 E SWAN LN
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD () Delete
Name: COLE, FRANK
Address: 700 SEAGULL AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: PD () Delete
Name: PIROS, CHIP
Address: 727 TEAL LN
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: HUNTER, RANDY
Address: 284 CRANES CIR W
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD () Delete
Name: SCHERER, ROY
Address: 278 CRANES CIR W
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOLDSTEIN, ELLYN
Address: 276 CRANES CIR W
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Change () Addition
Name: COLE, FRANK
Address: 700 SEAGULL AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD (X) Change () Addition
Name: JONES, GLORIA
Address: 716 TEAL LN
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD (X) Change () Addition
Name: SMITH, BILL
Address: 709 SEAGULL AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELLYN GOLDSTEIN

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date