

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001698

1. Entity Name

CRANE'S NEST PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

1234 AIRPORT ROAD  
SUITE 121  
DESTIN FL 32541

Mailing Address

P.O. BOX 5495  
DESTIN FL 32540

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSHING, JOHN R  
1234 AIRPORT ROAD  
SUITE 121  
DESTIN FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD RUSHING, O. FRANK JR 1234 AIRPORT ROAD SUITE 121 DESTIN FL 32541	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD RUSHING, JOHN R 1234 AIRPORT ROAD SUITE 121 DESTIN FL 32541	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD CONNART, DAVID 1234 AIRPORT ROAD SUITE 121 DESTIN FL 32541	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V- PRESIDENT  
JOHN R RUSHING

4-15-01

858-243-0099

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0018322

CR2E037 (10/00)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90094 032 \*\*\*\*\*70.00