

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 30, 2009
Secretary of State

DOCUMENT# N02000009649

Entity Name: CRANES LANDING EAST HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**1202 DEMOISELLE ST
GROVELAND, FL 34736**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 3
GROVELAND, FL 34736**New Mailing Address:****FEI Number:** 56-2308392**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROSARIO, GEORGE L
1101 PEREGRINE STREET
GROVELAND, FL 34736 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: S () Delete
Name: BOZZUTO, CINDY SD
Address: 1128 PEREGRINE ST.
City-St-Zip: GROVELAND, FL 34736

Title: T () Delete
Name: BURKE, JOY
Address: 1001 SANDHILL STREET
City-St-Zip: GROVELAND, FL 34736

Title: P () Delete
Name: ROSARIO, GEORGE L
Address: 1101 PEREGRINE STREET
City-St-Zip: GROVELAND, FL 34736

Title: VP () Delete
Name: COATS, PEGGY
Address: 1002 SANDHILL STREET
City-St-Zip: GROVELAND, FL 34736

Title: BM () Delete
Name: HAZIN, MELINDA
Address: 1208 DEMOISELLE STREET
City-St-Zip: GROVELAND, FL 34736

Title: BM () Delete
Name: RODRIGUEZ-PALES, JOSE
Address: 1106 PEREGRINE STREET
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: HAZIN, MELINDA
Address: 1208 DEMOISELLE ST
City-St-Zip: GROVELAND, FL 34736

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

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

Title: BM (X) Change () Addition
Name: BURKE, JOY
Address: 1101 SANDHILL ST
City-St-Zip: GROVELAND, FL 34736

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: MELINDA HAZIN

T

11/30/2009

Electronic Signature of Signing Officer or Director

Date