



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010042 1. Entity Name CRANE'S POINT AT AQUARINA HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business P O BOX 51-0845 MELBOURNE BEACH, FL 32951	Mailing Address P O BOX 51-0845 MELBOURNE BEACH, FL 32951
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DO NOT WRITE IN THIS SPACE



07062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 56-2418208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CRAGG, ANITA
3830 HWY A1A UNIT A-1
MELBOURNE BEACH, FL 32951**

**DO NOT WRITE
IN THIS SPACE**

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)

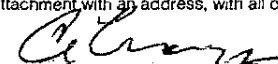
Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRAGG, ANITA P O BOX 51-0845 MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD CRAGG, DAVID V P O BOX 51-0845 MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAGG, ANITA L P O BOX 51-0845 MELBOURNE BEACH, FL 32951
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/11/05-80001-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  **ANITA CRAGG Pres. 7/6/05 321-952-7499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #