

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010042

FILED  
Apr 06, 2006  
Secretary of State

**Entity Name:** CRANE'S POINT AT AQUARINA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P O BOX 51-0845  
MELBOURNE BEACH, FL 32951

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 51-0845  
MELBOURNE BEACH, FL 32951

**New Mailing Address:**

**FEI Number:** 56-2418208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAGG, ANITA  
3830 HWY A1A UNIT A-1  
MELBOURNE BEACH, FL 32951 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: PD ( ) Delete  
Name: CRAGG, ANITA  
Address: P O BOX 51-0845  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VSTD ( ) Delete  
Name: CRAGG, DAVID V  
Address: P O BOX 51-0845  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D ( ) Delete  
Name: CRAGG, ANITA L  
Address: P O BOX 51-0845  
City-St-Zip: MELBOURNE BEACH, FL 32951

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANITA CRAGG

PRES

04/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date