2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010042

FILED Apr 26, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

P O BOX 51-0845 859 AQUARINA BLVD

MELBOURNE BEACH, FL 32951 MELBOURNE BEACH, FL 32951

Current Mailing Address: New Mailing Address:

P O BOX 51-0845 2681 LONGWOOD BLVD MELBOURNE BEACH, FL 32951 MELBOURNE, FL 32934

FEI Number: 56-2418208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CRAGG, ANITA CARNEY, VIRGINIA 859 AQUARINA BLVD.

MELBOURNE BEACH, FL 32951 US MELBOURNE BEACH, FL 32951 US

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: VIRIGINIA CARNEY 04/26/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

Name: CRAGG, ANITA Name: CARNEY, VIRIGINIA
Address: P O BOX 51-0845 Address: 859 AQUARINA BLVD.

City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VSTD () Delete Title: VPD (X) Change () Addition Name: CRAGG, DAVID V Name: HALISEY, LINDA

Address: P O BOX 51-0845 Address: 857 AQUARINA BLVD

City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951

 Title:
 D
 () Delete
 Title:
 STD
 (X) Change () Addition

 Name:
 CRAGG, ANITA L
 Name:
 FATA, ARLENE

 Address:
 P O BOX 51-0845
 Address:
 855 AQUARINA BLVD.

Address: P O BOX 51-0845 Address: 855 AQUARINA BLVD.
City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951

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: VIRGINIA CARNEY P 04/26/2007