## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010042

FILED Apr 13, 2008 Secretary of State

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

Current P	rincipal Place	e of Business:	New Princ	ipal Place of Business:	
	ARINA BLVD. RNE BEACH, F	FL 32951			
Current N	lailing Addre	ss:	New Maili	ng Address:	
	GWOOD BLVI RNE, FL 3293				
FEI Number	: 56-2418208	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and	l Address of (	Current Registered Agent	: Name and	Address of New Registered Agent:	
859 AQUÁ	VIRGINIA IRINA BLVD. RNE BEACH, F				
		submits this statement for the	he purpose of changing i	ts registered office or registered agent, or bo	th,
in the State	e of Florida.	submits this statement for the	ne purpose of changing i	ts registered office or registered agent, or bo	th,
	e of Florida. RE:				eth,
in the State	e of Florida. RE:	submits this statement for the		ts registered office or registered agent, or bo	oth,
in the State	e of Florida. RE:	nic Signature of Registered	Agent		
in the State	e of Florida.  RE: Electroi  S AND DIREC  PD ( CARNEY, VIRI 859 AQUARINA	nic Signature of Registered CTORS: ) Delete GINIA	Agent	Date	
in the State SIGNATUI  OFFICER: Title: Name: Address:	e of Florida.  RE: Electroi  S AND DIREC  PD ( CARNEY, VIRI, 859 AQUARINA MELBOURNE  VPD ( HALISEY, LINE 857 AQUARINA	nic Signature of Registered  CTORS:  ) Delete GINIA A BLVD. BEACH, FL 32951  ) Delete DA	Agent  ADDITION  Title: Name: Address:	Date S/CHANGES TO OFFICERS AND DIRECT	
in the State SIGNATUI  OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida.  RE:  Electron  S AND DIRECT  PD ( CARNEY, VIRI 859 AQUARINA MELBOURNE  VPD ( HALISEY, LINE 857 AQUARINA MELBOURNE  STD ( FATA, ARLENE 855 AQUARINA	nic Signature of Registered CTORS: ) Delete GINIA A BLVD. BEACH, FL 32951 ) Delete DA A BLVD BEACH, FL 32951 ) Delete DA DA DELETE DA DA DELETE DA DELETE DA DELETE DA DELETE DA DELETE	Agent  ADDITION  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date S/CHANGES TO OFFICERS AND DIRECT ( ) Change ( ) Addition	

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 04/13/2008