2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

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

Current Principal Place of Business:

859 AQUARINA BLVD.
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

845 AQUARINA BLVD.
MELBOURNE BEACH, FL 32951

Current Mailing Address:

2681 LONGWOOD BLVD
MELBOURNE, FL 32934

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:

CARNEY, VIRGINIA
859 AQUARINA BLVD.
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

RISE, HARLAN
845 AQUARINA BLVD.
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: HARLAN RISE 03/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARNEY, VIRIGINIA
Address: 859 AQUARINA BLVD.
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VPD ( ) Delete
Name: HALISEY, LINDA
Address: 857 AQUARINA BLVD
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: STD ( ) Delete
Name: FATA, ARLENE
Address: 855 AQUARINA BLVD.
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: AS ( ) Delete
Name: MOBERG, ANN
Address: 849 AQUARINA BLVD.
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RISE, HARLAN
Address: 845 AQUARINA BLVD.
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VPD (X) Change ( ) Addition
Name: KELLER, GARY
Address: 861 AQUARINA BLVD.
City-St-Zip: MELBOURNE BEACH, FL 32951

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 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: HARLAN RISE P 03/27/2009
Electronic Signature of Signing Officer or Director Date