FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

[illegible] 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03209 (6)

1. Corporate Name

CRANE'S LAKE TWO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10036 SAWGRASS DR STE 3 PONTE VEDRA BCH. FL 32082 US	P. O. DRAWER 1159 PONTE VEDRA BEACH FL 32004 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1984
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2504645 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MUNCH, DONALD
FOUR SEASONS MANAGEMENT
10036 SAWGRASS DR., STE 3
PONTE VEDRA BCH FL 32082

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Donald Munch 4/24/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	DENNEEN, DEBRA	12 NAME		
STREET ADDRESS	248 CRANES LAKE DR	13 STREET ADDRESS		
CITY ST ZIP	PONTE VEDRA BEACH FL	14 CITY ST ZIP		
TITLE	D	21 TITLE	D/S	☒ Change ☐ Addition
NAME	DINAPOLI, BERTELLE	22 NAME		
STREET ADDRESS	245 CRANES LAKE DR	23 STREET ADDRESS		
CITY ST ZIP	PONTE VEDRA BEACH FL	24 CITY ST ZIP		
TITLE	TS	31 TITLE	P	☒ Change ☐ Addition
NAME	~~BRENNAN, JIM~~	32 NAME	Devon Brennan	
STREET ADDRESS	~~232 CRANES LAKE DR~~	33 STREET ADDRESS	251 Cranes Lake	
CITY ST ZIP	~~PONTE VEDRA BCH. FL~~	34 CITY ST ZIP	Ponte Vedra Beach, FL 32082	
TITLE	~~DP~~	41 TITLE	D/T	☐ Change ☒ Addition
NAME	~~FUGIT, JEAN~~	42 NAME	John Batten	
STREET ADDRESS	~~221 CRANES LAKE DR.~~	43 STREET ADDRESS	222 Cranes Lake Dr.	
CITY ST ZIP	~~PONTE VEDRA BCH. FL~~	44 CITY ST ZIP	Ponte Vedra Beach, FL 32082	
TITLE	VP	51 TITLE		☐ Change ☒ Addition
NAME	Ernest Dodson	52 NAME		
STREET ADDRESS	255 Cranes Lake Drive	53 STREET ADDRESS		
CITY ST ZIP	Ponte Vedra Beach, FL 32082	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: Devon W Brennan 4/6/95 285-1526
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Date) (Daytime Phone #)
Devon Brennan, President

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