FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # N03209 (6)

1. Corporation 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

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

3. Date Incorporated or Qualified: 05/21/1984	3a. Date of Last Report: 05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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 not acceptable)

200001864432
-06/18/96--01009--023
***10.00

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☒ Addition
NAME	DENNEEN, DEBRA		1.2 NAME	Denning, Arthur A.	
STREET ADDRESS	248 CRANES LAKE DR		1.3 STREET ADDRESS	253 Cranes Lake Drive	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	DS	☐ DELETE	2.1 TITLE	DS	☒ Change ☒ Addition
NAME	DINAPOLI, BERTELLE		2.2 NAME	Miller, Sandra	
STREET ADDRESS	245 CRANES LAKE DR		2.3 STREET ADDRESS	252 Cranes Lake Drive	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	P	☐ DELETE	3.1 TITLE	DVP	☒ Change ☒ Addition
NAME	BRENNAN, DEVON		3.2 NAME	Ekey, David A.	
STREET ADDRESS	251 CRANES LAKE		3.3 STREET ADDRESS	231 Cranes Lake Drive	
CITY-ST-ZIP	PONTE VEDRA BCH. FL		3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	DT	☐ DELETE	4.1 TITLE	DT	☒ Change ☒ Addition
NAME	BATTEN, JOHN		4.2 NAME	Linge, Jr., John B.	
STREET ADDRESS	222 CRANES LAKE DRIVE		4.3 STREET ADDRESS	209 Cranes Lake Dr	
CITY-ST-ZIP	PONTE VEDRA BCH. FL		4.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	VP	☐ DELETE	5.1 TITLE	DP	☒ Change ☐ Addition
NAME	DODSON, ERNEST		5.2 NAME	Dodson, Earnest	
STREET ADDRESS	255 CRANES LAKE DRIVE		5.3 STREET ADDRESS	255 Cranes Lake Drive	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		5.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE		☐ DELETE	6.1 TITLE	500001864495	☐ Change ☐ Addition
NAME			6.2 NAME	-06/18/96--01009--024	
STREET ADDRESS			6.3 STREET ADDRESS	***51.25	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: Ernest Dodson 4-17-96 904-273-4570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #