

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03209** (6)  
1. Corporation Name  
**CRANE'S LAKE TWO CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>10036 SAWGRASS DR STE 3 PONTE VEDRA BCH. FL 32082 US</b>	Mailing Address <b>P. O. DRAWER 1159 PONTE VEDRA BEACH FL 32004 US</b>
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3. Date Incorporated or Qualified <b>05/21/1984</b>	
4. FEI Number <b>59-2504645</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998	
TITLE	<b>D</b>	1.1 TITLE	<b>D</b>
NAME	<b>DENNING, ARTHUR A</b>	1.2 NAME	<b>Guy Kiley</b>
STREET ADDRESS	<b>253 CRANES LAKE DRIVE</b>	1.3 STREET ADDRESS	<b>253 Cranes Lake Drive</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	1.4 CITY-ST-ZIP	<b>PVB, FL 32082</b>
TITLE	<b>DS</b>	2.1 TITLE	
NAME	<b>MILLER, SANDRA</b>	2.2 NAME	
STREET ADDRESS	<b>252 CRANES LAKE DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DVP</b>	3.1 TITLE	
NAME	<b>EKEY, DAVID A</b>	3.2 NAME	
STREET ADDRESS	<b>231 CRANES LAKE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>REMOLDE, LOIS</b>	4.2 NAME	
STREET ADDRESS	<b>226 CRANES LAKE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE:  REQUIRED

4/9/98

904-721-0696

CR2E037 (10/97)