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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03209

1. Corporation Name

CRANE'S LAKE TWO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

10036 SAWGRASS DR
STE 3
PONTE VEDRA BCH. FL 32082
US

Mailing Address

P. O. DRAWER 1159
PONTE VEDRA BEACH FL 32004
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/21/1984

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

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 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 *Donald Munch*
Signature, typed or printed name of registered agent and title if applicable.

Registered Agent
(NOTE: Registered Agent signature required when reinstating)

2/23/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D Vice President**
STREET ADDRESS **DENNING, ARTHUR A**
CITY-ST-ZIP **253 CRANES LAKE DRIVE**
PONTE VEDRA BEACH FL 32082

TITLE ☒ DELETE
NAME **DS**
STREET ADDRESS **MILLER, SANDRA**
CITY-ST-ZIP **252 CRANES LAKE DRIVE**
PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE
NAME **DVP President**
STREET ADDRESS **EKEY, DAVID A**
CITY-ST-ZIP **231 CRANES LAKE DRIVE**
PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE
NAME **D TREASURER**
STREET ADDRESS **REMOLDE, LOIS**
CITY-ST-ZIP **226 CRANES LAKE DRIVE**
PONTE VEDRA BCH FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KILEY, GUY**
CITY-ST-ZIP **233 CRANES LAKE DRIVE**
PONTE VEDRA BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Director**
1.3 STREET ADDRESS **Lonnie Sobol**
1.4 CITY-ST-ZIP **255 Cranes Lake Drive**
PVB, FL 32082

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Lonnie Sobol*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99
Date

Daytime Phone #

CR2E037 (11/98)