

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03209

1. Entity 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 32004-1159
US

2. Principal Place of Business

2180 W SR 434

3. Mailing Address

2180 W SR 434

Suite, Apt. #, etc.

STE 5000

Suite, Apt. #, etc.

STE 5000

City & State

LONGWOOD FL

City & State

LONGWOOD FL

Zip

32779

Country

US

Zip

32779

Country

US

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779-5044

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DENNING, ARTHUR A	
STREET ADDRESS	253 CRANES LAKE DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOBOL, LONNIE	
STREET ADDRESS	255 CRANESLAKE DR	
CITY-ST-ZIP	POINTE VERDE BEACH FL 32082	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	EKEY, DAVID A	
STREET ADDRESS	231 CRANES LAKE DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	REMOLDE, LOIS	
STREET ADDRESS	226 CRANES LAKE DRIVE	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KILEY, GUY	
STREET ADDRESS	233 CRANES LAKE DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	255 CRANES LAKE DR	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMDDE, LOIS	
STREET ADDRESS		
CITY-ST-ZIP	32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIELY, GUY	
STREET ADDRESS		
CITY-ST-ZIP	32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90069 001 ****61.25



DO NOT WRITE IN THIS SPACE
59-2266021

4. FEI Number 59-2504645 ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/99)