2002 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2002 8:00 am Secretary of State **DOCUMENT # N03209** 1. Entity Name CRANE'S LAKE TWO CONDOMINIUM ASSOCIATION, INC. 05-15-2002 90005 041 ****61.25 Principal Place of Business Mailing Address 2180 W SR 434 2180 W SR 434 STE 5000 STE 5000 LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2504645 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 City. Zip Code 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE **VP** ☐ Delete TITLE S/T/D Remolde, Lois ☐ Addition · NAME DENNING, ARTHUR A NAME STREET ADDRESS 226 Craneslake Drive STREET ADDRESS 253 CRANES LAKE DRIVE CITY-ST-ZIP Ponte Vedra Beach FL CITY-ST-ZIP 32082 PONTE VEDRA BEACH FL 32082 ☐ Delete Change * Addition TITLE D Kiel NAME SOBOL LONNIE Kieley, Guy STREET ADDRESS STREET ADDRESS 255 CRANESLAKE DR 233 Cranes Lake Drive CITY-ST-ZIP CITY-ST-ZIP Ponte Vedra Beach FL POINTE VERDE BEACH FL 32082 32082 TITLE ☐ Delete PD TITLE Change Addition 🛣 NAME NAME Holeva, Marie BRENNAN, DEVON STREET ADDRESS STREET ADDRESS 210 Cranes Lake Drive 253 CRANES LAKE DR CITY-ST-ZIP Ponte Vedra Beach FL CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 32082 TITLE Delete TITLE STD ☐ Change Addition NAME NAME REMDDE, LOIS STREET ADDRESS STREET ADDRESS 226 CRANES LAKE DRIVE CITY-ST-7IP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 TITLE ☐ Delete TITLE Change Addition NAME NAME **BURCK, GLORIA** STREET ADDRESS STREET ADDRESS 214 CRANES LAKE DR CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description Proper #