

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90279 004 ****61.25

DOCUMENT # N03209

1. Entity Name
CRANE'S LAKE TWO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**MARVIN REAL ESTATE
1835 NORTH THIRD STREET
JACKSONVILLE BEACH, FL 32250 US**

Mailing Address
**MARVIN REAL ESTATE
1835 NORTH THIRD STREET
JACKSONVILLE BEACH, FL 32250 US**

94076997



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2504645

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARVIN, SONIA
MARVIN REAL ESTATE
1835 NORTH THIRD STREET
JACKSONVILLE BEACH, FL 32250**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **STD** ☐ Delete
NAME: **REMOLDE, LOIS**
STREET ADDRESS: **226 CRANESLAKE DR.**
CITY-ST-ZIP: **PONTE VEDRA BEACH, FL 32082**

TITLE: **D** ☐ Delete
NAME: **KIELEY, GUY**
STREET ADDRESS: **233 CRANES LAKE DR.**
CITY-ST-ZIP: **POINTE VERDE BEACH, FL 32082**

TITLE: **D** ☐ Delete
NAME: **HOLEVA, MARIE**
STREET ADDRESS: **210 CRANES LAKE DR.**
CITY-ST-ZIP: **PONTE VEDRA BEACH, FL 32082**

TITLE: **PD** ☒ Delete
NAME: **BRENNAN, DEVON SCOTT**
STREET ADDRESS: **251 CRANES LAKE DRIVE**
CITY-ST-ZIP: **PONTE VEDRA BEACH, FL 32082**

TITLE: **D** ☐ Delete
NAME: **BURCK, GLORIA**
STREET ADDRESS: **214 CRANES LAKE DR**
CITY-ST-ZIP: **PONTE VEDRA BEACH, FL 32082**

TITLE: **D** ☐ Delete
NAME: **KEYSER, BRENDA**
STREET ADDRESS: **219 CRANES LAKE DRIVE**
CITY-ST-ZIP: **PONTE VEDRA BEACH, FL 32082**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD** ☒ Change ☐ Addition
NAME: **Remolde, Lois**
STREET ADDRESS: **226 Crane's Lake Dr.**
CITY-ST-ZIP: **Ponte Vedra Beach, FL 32082**

TITLE: **STD** ☒ Change ☐ Addition
NAME: **Kiely, Guy**
STREET ADDRESS: **223 Cranes Lake Dr.**
CITY-ST-ZIP: **Ponte Vedra Beach, FL 32082**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **VD** ☐ Change ☒ Addition
NAME: **Denning, Arthur**
STREET ADDRESS: **253 Cranes Lake Dr.**
CITY-ST-ZIP: **Ponte Vedra Beach, FL 32082**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

Lois Remolde - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04 904-249-8599

DATE Daytime Phone #