

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90097 036 \*\*\*\*61.25

**DOCUMENT # N03209**

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



Principal Place of Business  
P.O. BOX 1397  
PONTE VEDRA BEACH, FL 32004 US

Mailing Address  
P.O. BOX 1397  
PONTE VEDRA BEACH, FL 32004 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042005 Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-2504645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Milam Howard Nicandri Dees & Gillam, P.A.

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

50 N. Laura Street

Suite 2900

City

Jacksonville

FL

Zip Code

32202

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

LYNN N. VITEL

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

(NOTE: Registered Agent signature required when reinstating)

2/4/05

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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          | PD                           | <input checked="" type="checkbox"/> Delete |
| NAME           | REMOLODE, LOIS               |  |
| STREET ADDRESS | 226 CRANESLAKE DR.           |  |
| CITY-ST-ZIP    | PONTE VEDRA BEACH, FL 32082  |  |
| TITLE          | STD                          | <input checked="" type="checkbox"/> Delete |
| NAME           | KIELEY, GUY                  |  |
| STREET ADDRESS | 223 CRANES LAKE DR.          |  |
| CITY-ST-ZIP    | POINTE VERDE BEACH, FL 32082 |  |
| TITLE          | D                            | <input checked="" type="checkbox"/> Delete |
| NAME           | HOLEVA, MARIE                |  |
| STREET ADDRESS | 210 CRANES LAKE DR.          |  |
| CITY-ST-ZIP    | PONTE VEDRA BEACH, FL 32082  |  |
| TITLE          | <del>VD TD</del>             | <input type="checkbox"/> Delete            |
| NAME           | DENNING, ARTHUR              |  |
| STREET ADDRESS | 253 CRANES LAKE DR.          |  |
| CITY-ST-ZIP    | PONTE VEDRA BEACH, FL 32082  |  |
| TITLE          | D                            | <input checked="" type="checkbox"/> Delete |
| NAME           | BURCK, GLORIA                |  |
| STREET ADDRESS | 214 CRANES LAKE DR           |  |
| CITY-ST-ZIP    | PONTE VEDRA BEACH, FL 32082  |  |
| TITLE          | D                            | <input checked="" type="checkbox"/> 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          | LYNN N. VITEL, PD         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 252 CRANES LAKE DR        |   |
| STREET ADDRESS | PONTE VEDRA BCH, FL 32082 |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          | DEVON S. BRENNAN, VD      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 251 CRANES LAKE DR        |   |
| STREET ADDRESS | PONTE VEDRA BCH, FL 32082 |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          | JOAN F. BROWN, VD         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 238 CRANES LAKE DR        |   |
| STREET ADDRESS | PONTE VEDRA BCH, FL 32082 |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |
| 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

4/25/05 904285.8316  
Date Daytime Phone #