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CR BA /Change

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(Name of Contact Person)					
(Firm/Company)					
14 East Bay Street (Address)					
(11441055)					
Jacksonville, FL 32202					
(City/State and Zip Code) For further information concerning this matter, please call:					
Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.					
on orations enter Circle					
on					

, TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		0502, 607.1508, or 617.1508, Florida Sta ganized under the laws of the State of F^{I}		
		ganized under the laws of the State of <u>Flo</u> gistered agent, or both, in the State of Flo		
1. The name of	the corporation: Crane's Lake Two Co	ondominium Association, Inc.	07 1AL	
2. The principa	l office address: P.O. Box 1397		CRECARE	<u> </u>
Ponte Ved	ra Beach, FL 32004		TAI	
3. The mailing	address (if different):		A &	
			# 9	
4. Date of incom	rporation/qualification: 5/21/84	Document number: N03209	L. J.	
	d street address of the current registere urtment of State:	ed agent and registered office on file with	the	0
	M.H.N. Dees & Gillam, P.A.			
	50 N. Laura Street, Suite 290	00		
	Jacksonville, FL 32202			
6. The name an (if changed):		agent (if changed) and /or registered office	:	
	Milam Howard Nicandri Dees	s & Gillam, P.A.		
	14 East Bay Street			
	(P.O. Box NOT accepta	able)		
	Jacksonville, FL 32202			
The street addr	ess of its registered office and the stre I be identical.	eet address of the business office of its r	egistered agent,	
Such change wanthorized by t	as authorized by resolution duly adop the board, or the corporation has been	pted by its board of directors or by an of inotified in writing of the change.	ficer so	
Mult	ture of an officer or director)	(Printed or typed name and tittle	EL, LEES	A DENT
f further agree of my dulies, as document is be	t the appointment as registered agent to comply with the provisions of all s all yam familiar with and accept the ing filed merely to reflect a change in s been notified in writing of this chan	statutes relative to the proper and compl obligation of my position as registered of the registered office address. I hereby	lete performance igent. Or, if this confirm that the	
40/16		April 26, 2007		
(Š:	gnature of Registered Agent)	(Date)		
If signing on be	ehalf of an entity:			
G. Alan Howa	ard, President			
(Typed or Printed Name)			

* * * FILING FEE: \$35.00 * * *