2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N03209

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

Current Principal Place of Business:

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

New Principal Place of Business:

201-261 CRANES LAKE DRIVE
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2504645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILAM HOWARD NICANDRI DEES & GILLAM, P.A.
14 E BAY ST
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VITEL, LYNN N
Address: 252 CRANES LAKE DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: ALLRED, JAMES
Address: 223 CRANES LAKE DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD ( ) Delete
Name: BROWN, JOAN F
Address: 238 CRANES LAKE DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD ( ) Delete
Name: DENNING, ARTHUR
Address: 253 CRANES LAKE DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: KEILEY, GUY
Address: 233 CRANES LAKE DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: BROWN, JOAN F
Address: 238 CRANES LAKE DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Change ( ) Addition
Name: KELLY, KAREN
Address: 226 CRANES LAKE DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN VITEL P 04/14/2009
Electronic Signature of Signing Officer or Director — Date