

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

5/2

05-05-2003 90191 004 ****61.25

DOCUMENT # N03209

1. Entity Name

CRANE'S LAKE TWO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2180 W SR 434
STE 5000
LONGWOOD FL 32779
US

Mailing Address

2180 W SR 434
STE 5000
LONGWOOD FL 32779
US

55043614



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Marvin Real Estate

Suite, Apt. #, etc.

1835 North Third St.

City & State

Jacksonville Beach FL

Zip

32250

Country

U.S.

3. Mailing Address

Marvin Real Estate

Suite, Apt. #, etc.

P.O. Box 330026

City & State

Atlantic Beach FL

Zip

32233

Country

U.S.

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

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779-5044

7. Name and Address of New Registered Agent

Name
Sonja Marvin, Marvin Real Estate
Street Address (P.O. Box Number is Not Acceptable)
1835 North Third St.
City
Jacksonville Beach FL Zip Code
32250

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

FILE NOW: FEE IS \$61.25

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
REMOLDE, LOIS
226 CRANES LAKE DRIVE
PONTE VEDRA BEACH FL 32082 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Brennan, Devon Scott
251 CRANES LAKE DRIVE
PONTE VEDRA BEACH FL 32082 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Keyser, Brenda
219 CRANES LAKE DRIVE
PONTE VEDRA BEACH FL 32082 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Denning, Art
253 CRANES LAKE DRIVE
PONTE VEDRA BEACH FL 32082 ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)