2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005
Secretary of State

DOCUMENT# N04000006837

Entity Name: CRANES LANDING OF DELTONA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

396 NITNIK DR
DELTONA, FL 32738

New Principal Place of Business:

396 MITNIK DR
DELTONA, FL 32738

Current Mailing Address:

396 NITNIK DR
DELTONA, FL 32738

New Mailing Address:

396 MITNIK DR
DELTONA, FL 32738

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOLDS, DON
396 NITNIK DR
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

FOLDS, DON
396 MITNIK DR
DELTONA, FL 32738 US

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: DON FOLDS 02/21/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FOLDS, DON
Address: 450 MITNIK DR
City-St-Zip: DELTONA, FL 32738

Title: V ( ) Delete
Name: VAN ORDEN, ANDREA
Address: 440 MITNIK DR
City-St-Zip: DELTONA, FL 32738

Title: S ( ) Delete
Name: MATHER, ANDREA
Address: 435 MITNIK DR
City-St-Zip: DELTONA, FL 32738

Title: T ( ) Delete
Name: CREECH, CAROLYN
Address: 396 MITNIK DR
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: VAN ORDEN, GENE
Address: 440 MITNIK DR
City-St-Zip: DELTONA, FL 32738

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREA MATHER S 02/21/2005
Electronic Signature of Signing Officer or Director Date