

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006837

FILED  
Apr 05, 2007  
Secretary of State

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

**Current Principal Place of Business:**

450 MITNIK DR  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

450 MITNIK DR  
DELTONA, FL 32738

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

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

Title: V                      ( ) Delete  
Name: SELKREGG, ANDY  
Address: 1775 S. LORRAINE DRIVE  
City-St-Zip: DELTONA, FL 32725

Title: S                      ( ) Delete  
Name: BOYLE, JEFF  
Address: 621 LOCUST CT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T                      ( ) Delete  
Name: ARI, MARRON  
Address: 510 WIPPOORWILL HILL LANE  
City-St-Zip: DELTONA, FL 32738

Title: V                      ( ) Delete  
Name: CREECH, SHADIE  
Address: 1215 GREENWOOD STREET  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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: DON FOLDS

P

04/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date