2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N04000006837

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 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 04/13/2009
Electronic Signature of Signing Officer or Director — Date