

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005270

FILED
Mar 30, 2007
Secretary of State

Entity Name: WATERSIDE AT CRANE'S ROOST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434 STE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434 STE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-3783170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 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: BAREFIELD, FRANK
Address: 1930 STONEGATE DRIVE
City-St-Zip: BRIMINGHAM, AL 35242

Title: VTD () Delete
Name: CICCARELLO, JOE
Address: 1930 STONEGATE DRIVE
City-St-Zip: BIRMINGHAM, AL 35242

Title: VSD () Delete
Name: BOHN, CAROL
Address: 1930 STONEGATE DRIVE
City-St-Zip: BIRMINGHAM, AL 35242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTD (X) Change () Addition
Name: CICCARELLO, JOE
Address: 1930 STONEGATE DRIVE
City-St-Zip: BIRMINGHAM, AL 35242

Title: SD (X) Change () Addition
Name: BOHN, CAROL
Address: 1930 STONEGATE DRIVE
City-St-Zip: BIRMINGHAM, AL 35242

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: FRANK BAREFIELD

PD

03/30/2007

Electronic Signature of Signing Officer or Director

Date