

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N27498		
1. Entity Name CROCKER'S LAKE COMMUNITY ASSOCIATION, INC.		
Principal Place of Business 2470 BAHIA VISTA ST. SARASOTA, FL 34239		Mailing Address 595 BAY ISLES RD SUITE 201 LONGBOAT KEY, FL 34228 US
DO NOT WRITE IN THIS SPACE		
		02042005 No Chg-NP CR2E037 (10/03)
4. FEI Number 65-0094435		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent		
CALLANS, BETH 595 BAY ISLES RD SUITE 201 LONGBOAT KEY, FL 34228		DO NOT WRITE IN THIS SPACE
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHONEGG, EDWARD JR 4255 PLAYERS PLACE SARASOTA, FL 34238	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEGLEY, DEBORAH 4012 CROCKERS LAKE BLVD. SARASOTA, FL 34238	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D E'ELISEO, DARCI 4110 WINNERS CIRCLE SARASOTA, FL 34238	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RUDIN, TERRI 2470 BAHIA VISTA ST SARASOTA, FL 34239	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD CALLANS, BETH 4771 MAID MARIAN LN SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Date _____ Daytime Phone # _____