2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

					Se	cretai	ry of St	ate	
DOCUMENT # N30790 1. Entity Name CRANBROOK HOMEOWNERS ASSOCIATION, INC.							0076 005 ****6		
Principal Place		Mailing Address							
-27800 OLD 4	'E'	27800 OLD 41 ROAD	110C UC -	.					
BUNITA SPKII	NGS, FL 34135 US	BONITA SPRINGS, FL 34	135 US		`				
2. Principal Place of Business - No P.O. Box # 27/80 Bay Landing Dr		27180 BAY LANDING DR.		R.			HIBIH BIBIH BIBIH AJUH BIBIH I		
Suite, Apt. #, etc. /		Suite, Apt. #, etc. Suite 4			01242008 _{CI}	ng-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number			Applied For	
Bonis	th Springs	BONITA S	PRINGS		65-008403	4		Not Applicable	
Zig 1 1	35 Country USA	34135	Country	(.en	5. Certificate of St	atus Desired	□ \$8.75 A Fee Regu		
1 70	6. Name and Address of Current F			LSA	7. Name and Add	ress of New Re	<u></u>		
			- Name						
STERLING 27800 OLD	PROPERTY SERVICES, LLC		Street Ad	Chroat Address /D.O. Day Number is Not Associated					
	PRINGS, FL 34135		27/	Street Address (P.O. Box Number is Not Acceptable) 27/80 BAY Land ING					
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			8 y	: 4.	50	(4)	FL Zing &	ode / • (
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registere	عامر مرزات ed agent, or both, in	the State of Flor	<u> </u>	h, and accept	
	ons of registered agent.	,							
	, Jacon	2					30/81/5		
SIGNATURE 2	X	•							
		nd title if applicable (NOTE: I	Registered Agent signatur	re required	when reinstation)		DATE		
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered Agent signatur	re required	when reinstating)		DATE		
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25	9. Election Camp	paign Financing		\$5.00 May Be		ike check payable		
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing intribution.		\$5.00 May Be Added to Fees	- Flori	ike check payable da Department of	State	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an address, with all other like empowered.

SIGNATURE:

SIND TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

108 239 947-Date Davime Phone #