2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005
Secretary of State

DOCUMENT# N47782

Entity Name: CRANE'S POINT HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5157 CRANE'S POINT CT.
EDGEWOOD, FL 32839 US

New Principal Place of Business:

Current Mailing Address:

5157 CRANE'S POINT CT.
EDGEWOOD, FL 32839 US

New Mailing Address:

FEI Number: 59-3176591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIS, DAVID C
300 S. ORANGE AVE.
SUITE 1400
ORLANDO, FL 32801 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: DVP ( ) Delete
Name: WILLIAMSON, PAUL R
Address: 5130 CRANE'S POINT CT.
City-St-Zip: EDGEWOOD, FL 32839

Title: DT ( ) Delete
Name: WILLIS, JUDI
Address: 5157 CRANE'S POINT CRT
City-St-Zip: EDGEWOOD, FL 32839

Title: DP ( ) Delete
Name: YOUNG, TERRY
Address: 5115 CRANE'S POINT CRT
City-St-Zip: EDGEWOOD, FL 32839

Title: DS ( ) Delete
Name: WILLIS, DAVID
Address: 5157 CRANE'S POINT CRT
City-St-Zip: EDGEWOOD, FL 32839

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID C. WILLIS DS 01/22/2005

Electronic Signature of Signing Officer or Director — Date