

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90203 019 ****61.25

DOCUMENT # N96000003530 1. Entity Name CRANE COVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1182 FINCH DR GULF BREEZE, FL 32563 US			Mailing Address 1182 FINCH DR GULF BREEZE, FL 32563 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3406487	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNOX, LOIS 1182 FINCH DR GULF BREEZE, FL 32563			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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 re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADDISON, BEN 1089 CRANE COVE GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lisa Bow 1083 Crane Cove Gulf Breeze, FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHULA, ANGELA 1077 CRANE COVE GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph Riccio 1176 Finch Dr Gulf Breeze, FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUTTON, RODNEY 1113 CRANE COVE GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBLES, DAVE 1118 CRANE COVE GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ELLEN 1150 FINCH DR. GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 with an address, with all other like empowered.					
SIGNATURE: <i>Joseph Riccio</i> 4/28/08 850-934-5381 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					