FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90046 011 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

644291

DOCUMENT # N98000005236

1. Entity Name

CRANES LANDING HOMEOWNERS ASSOCIATION INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2180 W. SR 434	2180 W. SR 434
Suite, Apt. #, etc.: STE 5000	Suite, Apt. #, etc.: STE. 5000
City & State: LONGWOOD, FL	City & State: LONGWOOD, FL
Zip: 32779-5004 Country: US	Zip: 32779-5004 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3533799 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JAMES W. HART JR.

Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT INC.
2180 W. SR 434 STE 5000

City: LONGWOOD, FL Zip Code: 32779-5004

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

SIGNATURE: _____ 2/14/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAWSON, ROB
STREET ADDRESS	6250 HAZELTINE NATIONAL DRIVE
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	VD
NAME	MOSS, DAVID
STREET ADDRESS	6250 HAZELTINE NATIONAL DRIVE
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	D
NAME	MURPHY, BRANDY
STREET ADDRESS	6250 HAZELTINE NATIONAL DRIVE
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: David Moss 3/12/02 407-857-9101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #