

DOCUMENT # N99000001591

1. Entity Name

CRANE LAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O P. MUMOLA, JR.
5466 CRANE FEATHER DRIVE
PORT ORANGE FL 32124C/O P. MUMOLA, JR.
5466 CRANE FEATHER DRIVE
PORT ORANGE FL 32124-2504

FILED

00 APR 18 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/29/00 90136 024 \$70.00

2. Principal Place of Business

3. Mailing Address

CRANE LAKES H/O ASSN. INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1850 CRANE LAKES BLYD.,

City & State

City & State

PORT ORANGE FLORIDA

Zip

Country

Zip

Country

32124

VOLUSIA

4. FEI Number

59-3563260

- Applied For
Not Applica

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUMOLA, PASQUALE M JR.
5466 CRANE FEATHER DRIVE
PORT ORANGE FL 32124

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
				PRESIDENT Director	MARYANN FERRADO	5482 CRANE FEATHER DRIVE, PORT-ORANGE, FLORIDA-32124	
				VICE-PRESIDENT Director	GEORGE MESSINGER	5393 CRANES ROOST, PORT-ORANGE, FLORIDA-32124	
				TREASURER Director	ANDREA EDWARDS	1898 BIG CRANE LOOP, PORT-ORANGE, FLORIDA-32124	
				SECRETARY Director	C. KAY SMITH	5497 CRANE FEATHER DRIVE, PORT-ORANGE, FLORIDA-32124	
				DIRECTOR-AT-LARGE	PASQUALE M. MUMOLA, JR.	5466 CRANE FEATHER DRIVE, PORT-ORANGE, FLORIDA-32124	

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 Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pasquale M. Mumola, Jr. DIRECTOR-AT-LARGE - 2/13/00 - 904-756-9

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #