2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90099 033 ****61.25

DOCUMENT # N99000001591

1. Entity Name

CRANE LAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1850 CRANE LAKES BLVD. PORT ORANGE FL 32124	C/O P. MUMOLA, JR. 5466 CRANE FEATHER DRIVE PORT ORANGE FL 32124-2504

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3563260 ☐ Applied For ☐ Not Applicable

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

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

FILE NOW: FEE IS $61.25	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FERRADO, MARYANN 5482 CRANE FEATHER DRIVE PORT ORANGE FL 32124	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD C. JAMES WARREN 1816 CRANE POINT DR PORT ORANGE FL 32124	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MESSINGER, GEORGE 5393 CRANES ROOST PORT ORANGE FL 32124	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOHN LENGYEL 1819 CRANE POINT DR PORT ORANGE FL 32124	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EDWARDS, ANDREA 1898 BIG CRANE LOOP PORT ORANGE FL 32124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, C. KAY 5497 CRANE FEATHER DRIVE PORT ORANGE FL 32124	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARY TULLY 5435 EAGLE CLAW DR PORT ORANGE FL 32124	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAL MUMOLA, PASQUALE MO JR. 5466 CRANE FEATHER DRIVE PORT ORANGE FL 32124	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAL DICK PRITCHARD 5498 CRANE FEATHER DR PORT ORANGE FL 32124	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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

SIGNATURE: SIGNATURE REQUIRED Andrea Edwards ANDREA EDWARDS 4-9-01 386-767-4851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #