2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State
03-20-2002 90026 043 ****61.25

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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. 1850 CRANE LAKES BLVD
City & State	City & State PORT ORANGE FL
Zip / Country	Zip / Country 32128 / VOLUSIA

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: DOUGLAS BELL Street Address (P.O. Box Number is Not Acceptable): 5446 CRANE FEATHER DR. City: PORT ORANGE FL Zip Code: 32128

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: C. James Warren — 3-5-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 WARREN, C.JAMES 1816 CRANE POINT DRIVE PORT ORANGE FL 32124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LENGYEL, JOHN 1819 CRANE POINT DRIVE PORT ORANGE FL 32124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	TREASURER KURT GRIPENTROG 5427 EAGLE CLAW DR PORT ORANGE FL 32128 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TULLY, MARY 5435 EASLE CLAW DRIVE PORT ORANGE FL 32124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAL PRITCHARD, DICK 5498 CRANE FEATHER DRIVE PORT ORANGE FL 32124	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DOUGLAS BELL 5446 CRANE FEATHER DR PORT ORANGE FL 32128 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BLANCHE SPECHT 5406 EAGLE CLAW DR PORT ORANGE FL 32128 ☐ Change ☒ Addition

CR2E037 (9/01)

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

SIGNATURE: C. James Warren — 3-5-02 — 386-258-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #