# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 09, 2004 8:00 am**
**Secretary of State**
02-09-2004 90064 038 ****61.25

DOCUMENT # N99000001591

1. Entity Name

CRANE LAKES HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1850 CRANE LAKES BLVD.<br>PORT ORANGE FL 32124 | C/O CRANE LAKES<br>1850 CRANE LAKES BLVD<br>PORT ORANGE FL 32128 |

MOORE CR2E037 (11/03)

| 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**

BELL, DOUGLAS
5466 CRANE FEATHER DRIVE
PORT ORANGE FL 32128

**7. Name and Address of New Registered Agent**

Name Robert J. Tedeschi

Street Address (P.O. Box Number is Not Acceptable)

1928 Big Crane Loop

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert J. Tedeschi Robert J Tedeschi 2-3-04

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**
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | P<br>TEDESCHI, ROBERT<br>1928 CRANELOOP<br>PORT ORANGE FL 32128 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>1928 BIG CRANE LOOP<br>PORT ORANGE, FL 32124 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>DUDLEY, JAMES H<br>5490 RED TAIL DR.<br>PORT ORANGE FL 32128 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>LAMONTAGNE CLAUDE A.<br>1867 Big Crane Loop<br>PORT ORANGE FL. 32128 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CALABRESE, ROBERT L<br>1920 BIG CRANE LOOP<br>PORT ORANGE FL 32128 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>KRAMER, MARIE ANNA<br>5478 CRANE FEATHER DR.<br>PORT ORANGE FL 32128 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>miller, KATHLEEN<br>5455 EAGLE CLAW DRIVE<br>PORT ORANGE, FL 32128 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BELL, DOUGLAS<br>5446 CRANE FEATHER DR<br>PORT ORANGE FL 32128 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Gibson, Regina M.<br>2218 Crane Lakes Blvd.<br>Port Orange, FL. 32128 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SPECNT, BLANCHE<br>5406 EAGLE CLAW DR<br>PORT ORANGE FL 32128 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Lengyel, John<br>1819 Crane Point Drive<br>Port orange, Fl 32128 |

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:** Robert L Calabrese Treasurer 2/3/04 386-547-9312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #