2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005
Secretary of State

DOCUMENT# N99000001591

Entity Name: CRANE LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1850 CRANE LAKES BLVD.
PORT ORANGE, FL 32124

New Principal Place of Business:

1850 CRANE LAKES BLVD.
PORT ORANGE, FL 32128

Current Mailing Address:

C/O CRANE LAKES
1850 CRANE LAKES BLVD
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 59-3563260 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TEDESCHI, ROBERT J
1928 BIG CRANE LOOP
PORT ORANGE, FL 32128 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	TEDESCHI, ROBERT	
Address:	1928 BIG CRANE LOOP	
City-St-Zip:	PORT ORANGE, FL 32128	
Title:	VP	( ) Delete
Name:	LAMONTABNE, CLAUDE A	
Address:	1867 BIG CRANE LOOP	
City-St-Zip:	PORT ORANGE, FL 32128	
Title:	T	( ) Delete
Name:	CALABRESE, ROBERT L	
Address:	1920 BIG CRANE LOOP	
City-St-Zip:	PORT ORANGE, FL 32128	
Title:	D	( ) Delete
Name:	MILLER, KATHLEEN	
Address:	5455 EAGLE CLAW DR.	
City-St-Zip:	PORT ORANGE, FL 32128	
Title:	D	( ) Delete
Name:	GIBSON, REGINA M	
Address:	2218 CRANE LAKES BLVD.	
City-St-Zip:	PORT ORANGE, FL 32128	
Title:	D	( ) Delete
Name:	LEGYEL, JOHN	
Address:	1819 CRANE POINT DR.	
City-St-Zip:	PORT ORANGE, FL 32128	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	TEDESCHI, ROBERT J	
Address:	1928 BIG CRANE LOOP	
City-St-Zip:	PORT ORANGE, FL 32128	
Title:	VP	(X) Change ( ) Addition
Name:	HRONCICH, TOM	
Address:	1971 BIG CRANE LOOP	
City-St-Zip:	PORT ORANGE, FL 32128	
Title:	T	(X) Change ( ) Addition
Name:	HUSBANDS, CHARLES R	
Address:	1913 BIG CRANE LOOP	
City-St-Zip:	PORT ORANGE, FL 32128	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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

SIGNATURE: CHARLES R. HUSBANDS T 02/22/2005

Electronic Signature of Signing Officer or Director — Date