2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001591

FILED Feb 01, 2006 Secretary of State

Entity Name: CRANE LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1850 CRANE LAKES BLVD PORT ORANGE, FL 32128 **Current Mailing Address: New Mailing Address:** C/O CRANE LAKES 1850 CRANE LAKES BLVD PORT ORANGE, FL 32128 FEI Number: 59-3563260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TEDESCHI, ROBERT J 1928 BIG CRANE LOOP PORT ORANGE, FL 32128 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TEDESCHI, ROBERT J Name: Name: 1928 BIG CRANE LOOP Address: Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: Title: () Delete Title: () Change () Addition HRONCICH, TOM Name: Name: Address: 1971 BIG CRANE LOOP Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: Title: () Delete Title: () Change () Addition HUSBANDS, CHARLES R Name: Name: 1913 BIG CRANE LOOP Address: Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: MILLER, KATHLEEN Name: HORN, CHRIS Address: 5455 EAGLE CLAW DR. Address: 5646 BALD EAGLE DRIVE City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: PORT ORANGE, FL 32128 Title: () Delete Title: () Change () Addition GIBSON, REGINA M Name: Name: 2218 CRANE LAKES BLVD. Address: Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: Title: () Delete Title: (X) Change () Addition LEGYEL, JOHN ILLE, CAROLE Name: Name: Address: 1819 CRANE POINT DR. Address: 1967 BIG CRANE LOOP PORT ORANGE, FL 32128 PORT ORANGE, FL 32128 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 02/01/2006