


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90099 049 ****70.00

DOCUMENT # N99000001591	
1. Entity Name CRANE LAKES HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 1850 CRANE LAKES BLVD. PORT ORANGE, FL 32128	Mailing Address C/O CRANE LAKES 1850 CRANE LAKES BLVD PORT ORANGE, FL 32128
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1648 TAYLOR RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 249	
City & State		City & State PORT ORANGE, FL	
Zip	Country	Zip	Country
32128		32128	



04092008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3563260		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COLLING, LEE J 529 VERSAILLED DRIVE SUITE 103 MAITLAND, FL 32751		Name COLLING, LEE J. Street Address (P.O. Box Number is Not Acceptable) 529 VERSAILLED DRIVE SUITE 103 City MAITLAND FL Zip Code 32751	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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	D TEDESCHI, ROBERT J 1928 BIG CRANE LOOP PORT ORANGE, FL 32128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, JOHN W 5644 SWAN LAKE DRIVE PORT ORANGE, FL 32128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LENGYEL, JOHN 1819 CRANE POINT DRIVE PORT ORANGE, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KISS, MATTHEW J SR. 1923 BIG CRANE LOOP PORT ORANGE, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, JOHN 5461 RED TAIL DRIVE PORT ORANGE, FL 32128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIORGIO, MAZY 5676 SWAN LAKE DR PORT ORANGE, FL 32128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPATA, JAMES 5463 CRANE FEATHER DRIVE PORT ORANGE, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ILLE, CAROLE 1967 BIG CRANE LOOP PORT ORANGE, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ILLE, CAROLE 1967 BIG CRANE LOOP PORT ORANGE, FL 32128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **MATTHEW J KISS SR.**
Matthew J Kiss Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2008 (386) 761-0989
Date Daytime Phone #

ATTACHMENT
40079376

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT #N99000001591 (Attachment)

Addition to section 10

TITLE	D
NAME	ALDRICH, ROBERT F.
STREET ADDRESS	5461 EAGLE CLAW DRIVE
CITY, ST, ZIP	PORT ORANGE, FL 32128