P.01/03

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620

: (608)827-5300 Phone

Fax Number : (608)827-5501

REGISTERED AGENT CHANGE

ANE LAKES HOMEOWNERS' ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

8/27/2008

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: Crane Lakes Homeowners' Association, Inc.			
	(Name of corporation)			
DOC	UMENT NUMBER: N99000001591			
The en	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing	•		
Please	e return all correspondence concerning this matter to the following:			
	Brittani Phelps		8	
	(Name of contact person)	28	Æ	
	Business Filings Incorporated	TARY	08 AUG 27 AM 10: 51	1
	(Firm/Company)	(Line	<u> </u>	í
		FID	<u> </u>	į
	8040 Excelsior Dr., Ste. 200	ATE	S	
	(Address)			
	Madison, WI 53717_			
	(City/state and zip code)			
For fu	urther information concerning this matter, please call:			
Britta	ni Phelps at (800) 981-7183			
	(Name of contact person) (Area code & daytime telephone	number	r)	
Enclo	sed is a \$35,00 check made payable to the Department of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32399			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.	·
1. The name of the corporation: Crane Lakes Homeowners' Association, Inc.	
2. The principal office address:	
1850 Crane Lakes Boulevard, Port Orange, Florida 32128	
3. The mailing address (if different):	<u></u>
4. Date of incorporation/qualification: 3/10/1999 Document number: N99000001591	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
LEE J COLLING	
5291 VERSAILLES DRIVE, STE. 103	: 📺
MATERIAL PARTY OF THE PROPERTY	1
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	,
Business Filings Incorporated	
1203 Governors Square Blvd, Suite 101, (P.O. Box NOT acceptable)	
Tallahassee, Florida, 32301-2960	
The street address of its registered office and the street address of the business office of its registered agen as changed will be identical.	i t,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
John W. Thomas, President (Signature of an officer or director) (Printed or typed name and title)	-
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performant of my duttes, and I am familiar with and accept the obligation of my position as registered agent. Or, if the document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	ce nis ne
Wignature of Registered Agent) Signature of Registered Agent)	-
If signing on behalf of an entity:	
Mark Williams A.V.P. (Typed or Printed Name)	

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* * * FILING FEE: \$35.00 * * *