

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001591

FILED
Mar 30, 2009
Secretary of State

Entity Name: CRANE LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1850 CRANE LAKES BLVD.
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

1648 TAYLOR RD.
#249
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:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 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: THOMAS, JOHN W
Address: 5644 SWAN LAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: VP () Delete
Name: LENGYEL, JOHN
Address: 1819 CRANE POINT DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: S () Delete
Name: GIORGIO, MARY
Address: 5673 SWAN LAKE DR.
City-St-Zip: PORT ORANGE, FL 32128

Title: T () Delete
Name: KISS, MATTHEW J SR
Address: 1923 BIG CRANE LOOP
City-St-Zip: PORT ORANGE, FL 32128

Title: D () Delete
Name: LOPATA, JAMES
Address: 5463 CRANE FEATHER DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: D () Delete
Name: ILLE, CAROLE
Address: 1967 BIG CRANE LOOP
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ALDRICH, ROBERT
Address: 5461 EAGLE CLAW DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: S (X) Change () Addition
Name: BASHAW, BARBARA II
Address: 5468 RED TAIL DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: D (X) Change () Addition
Name: KISS, MATTHEW J SR
Address: 1923 BIG CRANE LOOP
City-St-Zip: PORT ORANGE, FL 32128

Title: T (X) Change () Addition
Name: GRAVES, GENE
Address: 2128 CRANE LAKSED BOULEVARD
City-St-Zip: PORT ORANGE, FL 32128

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MATTHEW J KISS SR

D

03/30/2009

Electronic Signature of Signing Officer or Director

Date