

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90152 021 ****61.25

DOCUMENT # N99000001591

1. Entity Name
CRANE LAKES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**1850 CRANE LAKES BLVD.
PORT ORANGE FL 32124**

Mailing Address
**C/O CRANE LAKES
1850 CRANE LAKES BLVD
PORT ORANGE FL 32128**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3563260**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELL, DOUGLAS
5466 CRANE FEATHER DRIVE
PORT ORANGE FL 32128**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

1-20-03

FILE NOW: FEE IS \$61.25

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 **PD** ☒ Delete
NAME **WARREN, C.JAMES**
STREET ADDRESS **1816 CRANE POINT DRIVE**
CITY-ST-ZIP **PORT ORANGE FL 32124**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **Robert J. Tedeschi**
STREET ADDRESS **1428 Big Crane Loop**
CITY-ST-ZIP **Port Orange FL 32128**

TITLE **VD** ☒ Delete
NAME **LENGYEL, JOHN**
STREET ADDRESS **1819 CRANE POINT DRIVE**
CITY-ST-ZIP **PORT ORANGE FL 32124**

TITLE **VICE Pres.** ☒ Change ☐ Addition
NAME **JAMES H. Dudley**
STREET ADDRESS **5440 Red Tail Dr**
CITY-ST-ZIP **Port Orange FL 32128**

TITLE **T** ☒ Delete
NAME **GRIPENTROG, KURT**
STREET ADDRESS **5427 EAGLE CLAW DR**
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE **Treas.** ☒ Change ☐ Addition
NAME **Robert L. Calabrese**
STREET ADDRESS **1920 Big Crane Loop**
CITY-ST-ZIP **Port Orange FL 32128**

TITLE **SD** ☒ Delete
NAME **TULLY, MARY**
STREET ADDRESS **5435 EASLE CLAW DRIVE**
CITY-ST-ZIP **PORT ORANGE FL 32124**

TITLE **Sec.** ☒ Change ☐ Addition
NAME **MARIE ANNA KRAMER**
STREET ADDRESS **5478 Crane Feather Dr**
CITY-ST-ZIP **Port Orange FL 32128**

TITLE **D** ☐ Delete
NAME **BELL, DOUGLAS**
STREET ADDRESS **5446 CRANE FEATHER DR**
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SPECNT, BLANCHÈ**
STREET ADDRESS **5406 EAGLE CLAW DR**
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Douglas D Bell

1-20-03

386-756-6670

CR2E037 (10/02)