


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2007 08:00 A
Secretary of State

DOCUMENT # N99000003734	
1. Entity Name CRANES LANDING OF FLORIDA HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 9526 ARGYLE FOREST BLVD B2 PMB 308 JACKSONVILLE, FL 32222	Mailing Address 9526 ARGYLE FOREST BLVD B2 PMB 308 JACKSONVILLE, FL 32222
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08132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3672054	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**COHEN, ANN
2363 WATERMILL DR
ORANGE PARK, FL 32073**

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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 *Ann Cohen* *ANN COHEN* *8/13/07*
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 September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, ANN 2363 WATERMILL DR ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WYNTER, MARK 2443 WATERMILL DR ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOODSON, ERIC 2797 CRUMPLEHORN LN ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SONROEDER, MICHELLE 2360 WATERMILL DR ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, CAROL 214 DOVER BLUFF DR ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/17/07-80009-020 61.25

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: *Ann Cohen* *ANN COHEN* *8/13/07* *(904) 573-9535*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #