

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03209

Entity Name: CRANE'S LAKE TWO CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5991 CHESTER AVE. #203
JACKSONVILLE, FL 32217**Current Mailing Address:**5991 CHESTER AVE. #203
JACKSONVILLE, FL 32217 US**FEI Number:** 59-2504645**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENNETT, PATRICIA
5991 CHESTER AVE. #203
JACKSONVILLE, FL 32217 US*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:** PATRICIA BENNETT

03/15/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name BROWN, JOAN
Address C/O INTERLACED PROPERTY
 SOLUTIONS
 5991 CHESTER AVE. #203
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name TASHLEIN, ANNE
Address C/O INTERLACED PROPERTY
 SOLUTIONS
 5991 CHESTER AVE. #203
City-State-Zip: JACKSONVILLE FL 32217

Title VP
Name CASEY, JEANNE
Address 5991 CHESTER AVE. #203
City-State-Zip: JACKSONVILLE FL 32217

Title PRESIDENT
Name KENDRICK, JOSEPH L.
Address C/O INTERLACED PROPERTY
 SOLUTIONS
 5991 CHESTER AVE. #203
City-State-Zip: JACKSONVILLE FL 32217

Title SECRETARY
Name MURRAY, JOANNE
Address C/O INTERLACED PROPERTY
 SOLUTIONS
 5991 CHESTER AVE. #203
City-State-Zip: JACKSONVILLE FL 32217

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH L. KENDRICK

PRESIDENT

03/15/2021

Electronic Signature of Signing Officer/Director Detail

Date