

2016 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

01/27/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title S
Name BRENNAN, DEVON
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: DAVID EKEY

PRES

01/27/2016

Electronic Signature of Signing Officer/Director Detail

Date