2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2020
Secretary of State
1304457850CC

DOCUMENT# N98000005236

Entity Name: CRANE'S LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

14427 PEPPERMILL TRAIL
PEPPERMILL TRAIL
CLERMONT, FL 34711

Current Mailing Address:

P.O. BOX 1009
GROVELAND, FL 34736 US

FEI Number: 59-3533799

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOSAIC SERVICES LLC
14427 PEPPERMILL TR
CLERMONT, FL 34711 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: JENNIFER S CAIN 01/15/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	MARLENE, HENAO
Address	P.O. BOX 1009
City-State-Zip:	GROVELAND FL 34736

Title	DIRECTOR
Name	SIMONE, JOHN
Address	P.O. BOX 1009
City-State-Zip:	GROVELAND FL 34736

Title	DIRECTOR
Name	MARRERO, TODD
Address	P.O. BOX 1009
City-State-Zip:	GROVELAND FL 34736

Title	DIRECTOR
Name	BATES, KIMBERELY
Address	P.O. BOX 1009
City-State-Zip:	GROVELAND FL 34736

Title	PRESIDENT
Name	JONES, IMOGENE
Address	P.O. BOX 1009
City-State-Zip:	GROVELAND FL 34736

Title	SECRETARY, TREASURER
Name	BRUNO, MARY
Address	P.O. BOX 1009
City-State-Zip:	GROVELAND FL 34736

Title	VP, DIRECTOR
Name	CENTRELLO, RON
Address	P.O. BOX 1009
City-State-Zip:	GROVELAND FL 34736

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: IMOGENE JONES PRESIDENT 01/15/2020

Electronic Signature of Signing Officer/Director Detail — Date