

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001591

Entity Name: CRANE LAKES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1850 CRANE LAKES BLVD.
PORT ORANGE, FL 32128**Current Mailing Address:**1648 TAYLOR RD.
#249
PORT ORANGE, FL 32128**FEI Number:** 59-3563260**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	HUCKNALL, ANGELA
Address	1933 BIG CRANE LOOP
City-State-Zip:	PORT ORANGE FL 32128

Title	VP
Name	SILK, THOMAS
Address	5391 CRANES ROOST
City-State-Zip:	PORT ORANGE FL 32128

Title	S
Name	HAWKINS, WILLIAM T
Address	2228 CRANE LAKES BLVD.
City-State-Zip:	PORT ORANGE FL 32128

Title	T
Name	JOHNSON, CHARLES E
Address	1821 RED WING COURT
City-State-Zip:	PORT ORANGE FL 32128

Title	D
Name	REILLY, JOAN
Address	5485 CRANE FEATHER DRIVE
City-State-Zip:	PORT ORANGE FL 32128

Title	D
Name	CARPENTER, WILLIAM
Address	1946 BIG CRANE LOOP
City-State-Zip:	PORT ORANGE FL 32128

Title	DIRECTOR
Name	THOMAS, JOHN
Address	5644 SWAN LAKE DRIVE
City-State-Zip:	PORT ORANGE FL 32128

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: WILLIAM T. HAWKINS**SECRETARY****04/06/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date