## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001591

Entity Name: CRANE LAKES HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 24, 2015
Secretary of State
CC0421363452

## **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 Title VP

Name HUCKNALL, ANGELA Name SILK, THOMAS

Address 1933 BIG CRANE LOOP Address 5391 CRANES ROOST

City-State-Zip: PORT ORANGE FL 32128 City-State-Zip: PORT ORANGE FL 32128

Title S Title T

Name HOON, JEAN G Name GRZELAK, DIANE M

Address 5488 RED WING CIRCLE Address 5466 RED WING CIRCLE
City-State-Zip: PORT ORANGE FL 32128 City-State-Zip: PORT ORANGE FL 32128

Title D Title D

NameBAKER, ROBERTNameMCCOMBS, DENNISAddress1950 BIG CRANE LOOPAddress1835 BIG CRANE LOOP

City-State-Zip: PORT ORANGE FL 32128 City-State-Zip: PORT ORANGE FL 32128

Title DIRECTOR

Name SCHOFIELD, RUTH

Address 5625 BALD EAGLE 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: JEAN G. HOON SECRETARY 03/24/2015