

**2021 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:**REGISTERED AGENTS INC.  
7901 4TH STREET N  
SUITE 300  
ST. PETERSBURG, FL 33702 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           | PRESIDENT             |
| Name            | PETERSON, JOE         |
| Address         | 5608 BALD EAGLE DRIVE |
| City-State-Zip: | PORT ORANGE FL 32128  |

|                 |                         |
|-----------------|-------------------------|
| Title           | VICE PRESIDENT          |
| Name            | SILK, TOM               |
| Address         | 5391 CRANES ROOST DRIVE |
| City-State-Zip: | PORT ORANGE FL 32128    |

|                 |                      |
|-----------------|----------------------|
| Title           | SECRETARY            |
| Name            | NORADO, JENNY L      |
| Address         | 2124 PURPLE DRIVE    |
| City-State-Zip: | PORT ORANGE FL 32128 |

|                 |                       |
|-----------------|-----------------------|
| Title           | TREASURER             |
| Name            | SOMMER, SHARON        |
| Address         | 2113 CRANE LAKES BLVD |
| City-State-Zip: | PORT ORANGE FL 32128  |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | DEWEIL, MICHAEL      |
| Address         | 1912 BIG CRANE LOOP  |
| City-State-Zip: | PORT ORANGE FL 32128 |

|                 |                        |
|-----------------|------------------------|
| Title           | DIRECTOR               |
| Name            | VOGEL, KACEY           |
| Address         | 1845 CRANE POINT DRIVE |
| City-State-Zip: | PORT ORANGE FL 32128   |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | RACILA, MARY         |
| Address         | 1909 BIG CRANE LOOP  |
| 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:** JOE PETERSON

PRESIDENT

04/26/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date