

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:04

DOCUMENT # **727877** (3)

1. Corporation Name

CROTON HARBOR CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

301 CROTON AVENUE
APT 410
LANTANA FL 33462

301 CROTON AVENUE
APT 410
LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1973

3a. Date of Last Report

03/22/1994

4. FEI Number

59-1673352

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Declared

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, LEROY H
301 CROTON AVE, APT 410
LANTANA FL 33462

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SMITH, LEROY H.
STREET ADDRESS	301 CROTPM AVENUE #410
CITY - ST - ZIP	LANTANA, FL 00000
TITLE	D
NAME	HIRSCH, JANET
STREET ADDRESS	301 CROTON AVE. 205
CITY - ST - ZIP	LANTANA, FL 00000
TITLE	D
NAME	FERDERKO, SUSAN
STREET ADDRESS	301 CROTON AVE APT 405
CITY - ST - ZIP	LANTANA, FL 00000
TITLE	VD
NAME	SACCO, BENJAMIN
STREET ADDRESS	301 CROTON AVENUE #210
CITY - ST - ZIP	LANTANA, FL 00000
TITLE	DS
NAME	MATO, NANCY
STREET ADDRESS	301 CROTON AVE 304
CITY - ST - ZIP	LANTANA FL
TITLE	VD
NAME	MCDONIUGH, MICHAEL
STREET ADDRESS	301 CROTON AVENUE #305
CITY - ST - ZIP	LANTANA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	A GROMKO, DONALD
1.3 STREET ADDRESS	301 CROTON AVE #306
1.4 CITY - ST - ZIP	LANTANA, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Le Roy H. Smith Pres.
Signature and typed or printed name of officer or director
Le Roy H. Smith

1/17/95

407-586-4811