

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 727877 (3)

1. Corporation Name
CROTON HARBOR CONDOMINIUM, INC.



Principal Place of Business: 301 CROTON AVENUE APT 410 LANTANA FL 33462
Mailing Address: 301 CROTON AVENUE APT 410 LANTANA FL 33462

3. Date Incorporated or Qualified: 10/26/1973
3a. Date of Last Report: 01/24/1995

2. Principal Place of Business
21 Suite, Apt. #, etc. APT 208
22 City & State
23 Zip
24 Country
25
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-1673352
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SMITH, LEROY H
301 CROTON AVE, APT 410
LANTANA FL 33462

10. Name and Address of New Registered Agent
81 Name: JOSEPH BOGARTE, JOSEPH JR
82 Street Address (P.O. Box Number is Not Acceptable): 301 CROTON AVE, APT 208
83 City: LANTANA, FL 33462
84 City: LANTANA FL 85 Zip Code: 33462

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: JOSEPH J. BOGARTE, JR P
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PTD	<input checked="" type="checkbox"/>
NAME	SMITH, LEROY H.	
STREET ADDRESS	301 CROTON AVENUE #410	
CITY-ST-ZIP	LANTANA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/>
NAME	HIRSCH, JANET	
STREET ADDRESS	301 CROTON AVE. 205	
CITY-ST-ZIP	LANTANA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/>
NAME	FERDERKO, SUSAN	
STREET ADDRESS	301 CROTON AVE APT 405	
CITY-ST-ZIP	LANTANA, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	SACCO, BENJAMIN	
STREET ADDRESS	301 CROTON AVENUE #210	
CITY-ST-ZIP	LANTANA, FL 00000	
TITLE	D	<input type="checkbox"/>
NAME	MATO, NANCY	
STREET ADDRESS	301 CROTON AVE 304	
CITY-ST-ZIP	LANTANA FL	
TITLE	VD	<input type="checkbox"/>
NAME	MCDONIUGH, MICHAEL	
STREET ADDRESS	301 CROTON AVENUE #305	
CITY-ST-ZIP	LANTANA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	RD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	BOGARTE, JOSEPH J. JR.		
1.3 STREET ADDRESS	301 CROTON AVE # 208		
1.4 CITY-ST-ZIP	LANTANA, FL		
2.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	GROBKO, DONALD		
2.3 STREET ADDRESS	301 CROTON AVE # 206		
2.4 CITY-ST-ZIP	LANTANA, FL		
3.1 TITLE	D/T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	O'BRIEN, RITA		
3.3 STREET ADDRESS	301 CROTON AVE #305		
3.4 CITY-ST-ZIP	LANTANA, FL		
4.1 TITLE	D/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	ARBOUR, E. JANET		
4.3 STREET ADDRESS	301 CROTON AVE #404		
4.4 CITY-ST-ZIP	LANTANA, FL		
5.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	MATTHEWS, JEAN		
5.3 STREET ADDRESS	301 CROTON AVE # 202		
5.4 CITY-ST-ZIP	LANTANA, FL		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 119.07(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: [Signature] JOSEPH J. BOGARTE, JR 02-26-96 407 588 8833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: PRRS.
Date: 02-26-96 Day/Time Phone #: 407 588 8833

CR2E037 (12/95)