

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90008 009 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727877**

1. Corporation Name  
**CROTON HARBOR CONDOMINIUM, INC.**

Principal Place of Business 301 CROTON AVE LANTANA FL 33462 US	Mailing Address C/O GROMKO & PORTER 306 E BOYNTON BEACH BLVD BOYNTON BEACH FL 33435 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/26/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1673352
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing: Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ST JOHN, KING & DICKER 500 AUSTRALIAN AVE S SUITE 600 W PALM BEACH FL 33401				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	8TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, RITA	1.2 NAME	O'Brien, Rita
STREET ADDRESS	301 CROTON AVE #305	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROMKO, DONALD	2.2 NAME	MARCO GONZALEZ
STREET ADDRESS	301 CROTON AVE #206	2.3 STREET ADDRESS	301 CROTON AVE #308
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	Lantana FL 33462
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BOYLE, KATE	3.2 NAME	Michaels McDonough
STREET ADDRESS	301 CROTON AVE #301	3.3 STREET ADDRESS	301 Croton Ave #501
CITY-ST-ZIP	LANTANA, FL 00000 33462	3.4 CITY-ST-ZIP	Lantana FL 33462
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARP, DOREECE	4.2 NAME	KATHLEEN RUDY
STREET ADDRESS	301 CROTON AVE #407	4.3 STREET ADDRESS	301 Croton Ave #502
CITY-ST-ZIP	LANTANA FL 33462	4.4 CITY-ST-ZIP	Lantana FL 33462
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUB, WILLIAM	5.2 NAME	STEVE FLYNN
STREET ADDRESS	301 CROTON AVE #307	5.3 STREET ADDRESS	301 CROTON AVE #303
CITY-ST-ZIP	LANTANA FL	5.4 CITY-ST-ZIP	Lantana FL 33462
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	COX, MICHELLE	6.2 NAME	
STREET ADDRESS	301 CROTON AVE #208	6.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Kathleen O'Boyle* **SIGNATURE REQUIRED** KATHLEEN O'BOYLE 3/4/99 585-5412  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)