

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90006 022 \*\*\*\*61.25

**DOCUMENT # 727877**

1. Entity Name

**CROTON HARBOR CONDOMINIUM, INC.**

Principal Place of Business <b>301 CROTON AVE LANTANA FL 33462 US</b>	Mailing Address <b>C/O GROMKO &amp; PORTER 306 E BOYNTON BEACH BLVD BOYNTON BEACH FL 33435 US</b>
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1673352</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>ST. JOHN, DICKER, CAPLAN, KRIVOK &amp; GORE P.A. 500 AUSTRALIAN AVE S SUITE 600 W PALM BEACH FL 33401</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> Zip Code

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>STB</del> <b>TREAS</b> <b>O'BRIEN, RITA</b> <b>301 CROTON AVE #305</b> <b>LANTANA FL 33462</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GONZALEZ, MARCO</b> <b>301 CROTON AVE #308</b> <b>LANTANA FL 33462</b>	<input checked="" type="checkbox"/> Delete	<b>VP</b> <b>FEFFER, ALFRED H</b> <b>301 CROTON AVE # 407</b> <b>LANTANA, FL 33462</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MC DONOUGH, MICHAEL</b> <b>301 CROTON AVE #301</b> <b>LANTANA FL 33462 LANTANA, FL 33462</b>	<input type="checkbox"/> Delete	<b>D</b> <b>KLAITY, ELLEN</b> <b>301 CROTON AVE # 309</b> <b>LANTANA, FL 33462</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LYDON, NANCY</b> <b>301 CROTON AVE #407</b> <b>LANTANA FL 33462</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUDD, KATHY</b> <b>301 CROTON AVE #502</b> <b>LANTANA FL 33462</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OLSSON, KRISTINA</b> <b>301 CROTON AVE 303</b> <b>LANTANA FL 33462</b>	<input type="checkbox"/> Delete	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4-11-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (10/00)