

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90055 025 \*\*\*\*61.25

**DOCUMENT # 727877**

1. Entity Name

**CROTON HARBOR CONDOMINIUM, INC.**

Principal Place of Business

301 CROTON AVE  
 LANTANA FL 33462  
 US

Mailing Address

*C/O JOHN PORTER ACCOUNTING*  
~~C/O GROMKO & PORTER~~  
~~306 E BOYNTON BEACH BLVD~~  
~~BOYNTON BEACH FL 33435~~  
 US

**005020**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1673352**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ST. JOHN, DICKER, CAPLAN, KRIVOK & GORE P.A.**  
**500 AUSTRALIAN AVE S**  
**SUITE 600**  
**W PALM BEACH FL 33401**

Name

**John Porter Accounting, Inc.**

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

**400 S. Federal Hwy., Suite 405**

City

**Boynton Beach, Florida 33435**

**FL**

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

**01/11/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SEB TREAS</b>	<input type="checkbox"/> Delete
NAME	<b>O'BRIEN, RITA</b>	
STREET ADDRESS	<b>301 CROTON AVE #305</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KLAITY, ELLEN</b>	
STREET ADDRESS	<b>301 CROTON AVE #309</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MC DONOUGH, MICHAEL</b>	
STREET ADDRESS	<b>301 CROTON AVE #504</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LYDON, NANCY</b>	
STREET ADDRESS	<b>301 CROTON AVE #408</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RUDD, KATHY</b>	
STREET ADDRESS	<b>301 CROTON AVE #502</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OLSSON, KRISTINA</b>	
STREET ADDRESS	<b>301 CROTON AVE #504</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	

TITLE	<b>TREAS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'BRIEN, RITA</b>	
STREET ADDRESS	<b>301 CROTON AVE #305</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDONOUGH, MICHAEL</b>	
STREET ADDRESS	<b>301 CROTON AVE #501</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	
TITLE	<b>SEC.</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HIRSCH, JANET</b>	
STREET ADDRESS	<b>301 CROTON AVE #205</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	
TITLE	<b>D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FEPPER, HAROLD</b>	
STREET ADDRESS	<b>301 CROTON AVE #408</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>← PLEASE CORRECT APT #</b>	
STREET ADDRESS		
CITY-ST-ZIP		

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:

**SONATZIRO BAIURED RITA L. O'BRIEN 2-13-02**

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)