


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90038 030 ****61.25

DOCUMENT # 727877	
1. Entity Name CROTON HARBOR CONDOMINIUM, INC.	

Principal Place of Business 301 CROTON AVE LANTANA, FL 33462 US	Mailing Address 1403 W. BOYNTON BEACH BLVD., #9 BOYNTON BEACH, FL 33426 US
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24018421

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1673352	Applied For Not Applicable
Zip	Country	Zip	Country



01232004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent JOHN PORTER ACCOUNTING, INC. 1403 W. BOYNTON BEACH BLVD., #9 BOYNTON BEACH, FL 33426	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T O'BRIEN, RITA 301 CROTON AVE #305 LANTANA, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D KLAITY, ELLEN 301 CROTON AVE #309 LANTANA, FL 33462	<input checked="" type="checkbox"/> Delete	D KATHLEEN RUDD 301 CROTON AVE #502 LANTANA, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P MCDONOUGH, MICHAEL 301 CROTON AVENUE, #501 LANTANA, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S HIRSCH, JANET 301 CROTON AVENUE, #205 LANTANA, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D FEFFER, HAROLD 301 CROTON AVENUE, #408 LANTANA, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D LYDON, NANCY 301 CROTON AVE #301 LANTANA, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rita L. O'Brien 3-5-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #