
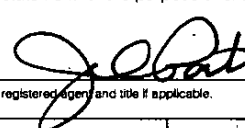



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90292 042 ****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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02222005 Chg-NP	CR2E037 (10/03)
		4. FEI Number 59-1673352	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6- Name and Address of Current Registered Agent		7- Name and Address of New Registered Agent	
JOHN PORTER ACCOUNTING, INC. 1403 W. BOYNTON BEACH BLVD., #9 BOYNTON BEACH, FL 33426		Name Street Address (P.O. Box Number is Not Acceptable) John Porter Accounting 400 S. Federal Hwy. • Suite 404 City Boynton Beach, FL 33435 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE <u>02/23/05</u>	
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, 2005		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
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, RITA	NAME	
STREET ADDRESS	301 CROTON AVE #305	STREET ADDRESS	
CITY-ST-ZIP	LANTANA, FL 33462	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDD, KATHLEEN	NAME	
STREET ADDRESS	301 CROTON AVE., #502	STREET ADDRESS	
CITY-ST-ZIP	LANTANA, FL 33462	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONOUGH, MICHAEL	NAME	V.P LINEDECKER, CLIFFORD
STREET ADDRESS	301 CROTON AVENUE, #501	STREET ADDRESS	301 CROTON AVE # 503
CITY-ST-ZIP	LANTANA, FL 33462	CITY-ST-ZIP	LANTANA, FL 33462
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIRSCH, JANET	NAME	OLSSON, KRISTINA (S)
STREET ADDRESS	301 CROTON AVENUE, #205	STREET ADDRESS	301 CROTON AVE #504
CITY-ST-ZIP	LANTANA, FL 33462	CITY-ST-ZIP	LANTANA, FL 33462
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEFFER, HAROLD	NAME	
STREET ADDRESS	301 CROTON AVENUE, #408	STREET ADDRESS	
CITY-ST-ZIP	LANTANA, FL 33462	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYDON, NANCY	NAME	
STREET ADDRESS	301 CROTON AVE #301	STREET ADDRESS	
CITY-ST-ZIP	LANTANA, FL 33462	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)(f), 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: 		DATE <u>2-24-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	