


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90011 019 ****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**

40042032

2. Principal Place of Business
 Suite, Apt. #, etc.
City & State
Zip **Country**

3. Mailing Address
John Porter Accounting
400 S. Federal Hwy. • Suite 404
Boynton Beach, FL 33436

Zip **Country**



02062006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1673352

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOHN PORTER ACCOUNTING, INC.
400 S FEDERAL HWY STE 404
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

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDD, KATHLEEN 301 CROTON AVE., #502 LANTANA, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINEDecker, CLIFFORD 301 CROTON AVE #503 LANTANA, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 CROTON AVE #503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLSSON, KRISTINA 301 CROTON AVE 504 LANTANA, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D TEMPLETON, BONITA 301 CROTON AVE #202 LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYDON, NANCY 301 CROTON AVE #301 LANTANA, FL 33462 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition E ...

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* 3-22-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #