


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90015 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  
**C/O JOHN PORTER ACCTNG**  
**400 S FEDERAL HWY, STE 404**  
**BOYNTON BEACH, FL 33435 US**

**60043209**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03272008 Chg-NP CR2E037 (12/06)

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 \_\_\_\_\_ 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, 2008**

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	S	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OLSSON, KRISTINA			NAME	Harold Fetter		
STREET ADDRESS	301 CROTON AVE #504			STREET ADDRESS	301 Croton Ave 408		
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	RUDD, KATHLEEN			NAME			
STREET ADDRESS	301 CROTON AVE., #502			STREET ADDRESS			
CITY-ST-ZIP	LANTANA, FL 33462			CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONOUGH, MICHAEL			NAME			
STREET ADDRESS	301 CROTON AVENUE, #501			STREET ADDRESS			
CITY-ST-ZIP	LANTANA, FL 33462			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINEDECKER, CLIFFORD			NAME			
STREET ADDRESS	301 CROTON AVE, # 503			STREET ADDRESS			
CITY-ST-ZIP	LANTANA, FL 33462			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LYDM, NANCY			NAME	John O'Brien		
STREET ADDRESS	301 CROTON AVE #301			STREET ADDRESS	301 Croton Ave 305		
CITY-ST-ZIP	LAKE WORTH, FL 33462			CITY-ST-ZIP	Lantana, FL 33462		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	John Porter		
STREET ADDRESS				STREET ADDRESS	400 S Fedl Hwy Ste 404		
CITY-ST-ZIP				CITY-ST-ZIP	B.B., FL 33435		

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:**  **Dir** **04/29/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #