2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727877

FILED Apr 20, 2009 Secretary of State

Entity Name: CROTON HARBOR CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business: 301 CROTON AVE LANTANA, FL 33462 US **Current Mailing Address: New Mailing Address:** C/O JOHN PORTER ACCTNG 301 CROTON AVE 400 S FEDERAL HWY, STE 404 LANTANA, FL 33462 US BOYNTON BEACH, FL 33435 FEI Number: 59-1673352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHN PORTER ACCOUNTING, INC. GPS FINANCIAL SERVICES, INC 400 S FEDERAL HWY STE 404 400 S FEDERAL HWY STE 404 US BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33435 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: JOHN PORTER 04/20/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition OLSSON, DRISTINA Name: Name: 301 CROTON AVE #504 Address: Address: City-St-Zip: LANTANA, FL 33462 City-St-Zip: Title: () Delete Title: () Change () Addition RUDD, KATHLEEN Name: Name: Address: 301 CROTON AVE., #502 Address: City-St-Zip: LANTANA, FL 33462 City-St-Zip: Title: () Delete Title: () Change () Addition FEFFER, HAROLD Name: Name: 301 CROTON AVE 408 Address: Address: City-St-Zip: LENTANA, FL 33462 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LINEDECKER, CLIFFORD Name: Address: 301 CROTEN AVE, # 503 Address: City-St-Zip: LANTANA, FL 33462 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition OBRIEN, JOHN Name: Name: 301 CROTON AVE 305 Address: Address: City-St-Zip: LANTANA, FL 33462 City-St-Zip: Title: () Delete Title: (X) Change () Addition PORTER, JOHN PORTER, JOHN Name: Name: Address: 450 S. FED HWY STE 404 Address: 400 S. FED HWY STE 404 BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN O'BRIEN VP 04/20/2009