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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name N32642

(3)

011010	n meadows homeowni	ERS ASSOCIATION,	INC.							
Principal Place	of Business	Mailing Address					MAT OUR OUT			
CROTON MEADOWS H/O ASSOC. INC. PO BOX 362192		CROTON MEADOWS H/O ASSOC. INC. PO BOX 362192								
MELBOURNE US		MELBOURNE FL 3293 US	96		3	3. Date Incorporated 06/02/1989			ate of Last 03/30/1	
 Principa! Pi 	ace of Business	2a. Mailing Address 26			4	4. FEI Number 59-301197	3 6	REI		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-		5. Certificate of Statu			\$8.75	Additional Required
City & State		City & State			6	6. Election Campaign Trust Fund Contrib	•		\$5.0	O May Be d to Fees
Z _I p	Country 25	Zip 29	Count	try	- E	This corporation has Florida Statutes			ax under s.	
<u> </u>	9. Name and Address of Curre		1301		10	O. Name and Addre				
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TROAST	RIN			Street A	MAR Address "	P.O. Box Number is N	SON S	-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\		
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	RNE FL 32935		6	13				· ·		
				4 City A					05 7:	Codo .
			F -	1 - 7 p	necr	BOURNE.	•	FL	. 85 3	3435
Pursuant i or register	to the provisions of Sections 617,050; ed agent, or both, in the State of Flor	2 and 617.1508, Florida Stati ida. Such change was author	utes, the above rized by the co	e-named co rooration's l	proporation board of a	submits this stateme directors. I hereby acc	nt for the purp cept the appoi	ose of characters	anging its r registered	egistered offic agent. I am
familiar wi	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	tion 617.0503, Florida Statut	es.			•				
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IGNATURE _	Mulla Faus Signature, typed or printed name of registered agen	t and title if applicable.	NOTE: Registered A	JON 4	1	reinstating)	1-17	-56 DATE		
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SIGNATURE:

MARK H. PARSONS
RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-723-7010