

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N32642 (3)**  
1. Corporation Name  
**CROTON MEADOWS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**CROTON MEADOWS H/O ASSOC. INC.**  
PO BOX 362192  
MELBOURNE FL 32936  
US

3. Date Incorporated or Qualified **06/02/1989** 3a. Date of Last Report **03/30/1995**  
4. FEI Number **59-3011973** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
**TROAST, RIN**  
**1909 GLEN MEADOWS CIR**  
**MELBOURNE FL 32935**

10. Name and Address of New Registered Agent  
81 Name **MARK H. PARSONS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1919 GLEN MEADOWS CIR.**  
83  
84 City **MELBOURNE, FL** 85 Zip Code **32935**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Mark H. Parsons* **MARK H. PARSONS** 1-17-96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TROAST, RIN	
STREET ADDRESS	1909 GLEN MEADOWS CIR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JACK GRADE	
STREET ADDRESS	1922 GLEN MEADOWS CIRCLE	
CITY-ST-ZIP	MELBOORNE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GREENSPAN, CLIFFORD	
STREET ADDRESS	1802 WOODBERRY CIR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOLORES SHARP	
STREET ADDRESS	1947 GLEN MEADOWS CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'BRIEN, FRANK	
STREET ADDRESS	1809 WOODBERRY CIR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARK H. PARSONS	
1.3 STREET ADDRESS	1919 GLEN MEADOWS CIR.	
1.4 CITY-ST-ZIP	MELBOURNE, FL. 32935	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RIN TROAST.	
5.3 STREET ADDRESS	1909 GLEN MEADOWS CIR.	
5.4 CITY-ST-ZIP	MELBOURNE, FL. 32935	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark H. Parsons* **MARK H. PARSONS** 1-19-96 407-723-7010  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)