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Jan 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

CROTON MEADOWS H/O ASSOC. INC.  
PO BOX 362192  
MELBOURNE FL 32936-2192  
US

3. Date Incorporated or Qualified  
06/02/1989

3a. Date of Last Report  
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARSONS, MARK H  
1919 GLEN MEADOWS CIR  
MELBOURNE FL 32935

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TROAST, RIN	
STREET ADDRESS	1909 GLEN MEADOWS CIR	
CITY - ST - ZIP	MELBOURNE FL 32935	
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 checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, FRANK	
STREET ADDRESS	1809 WOODBERRY CIR	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARSONS, MARK H	
STREET ADDRESS	1919 GLEN MEADOWS CIR.	
CITY - ST - ZIP	MELBOURNE FL 32935	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D O'BRIEN, ANN
5.3 STREET ADDRESS	1809 WOOD BERRY CIRCLE.
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1-12-97 407.723-7010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0019625

CR2E037 (9/96)