


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

**FILED**

**Jan 22 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
25	29		

3. Date Incorporated or Qualified  
**06/02/1989**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**PARSONS, MARK H  
1919 GLEN MEADOWS CIR  
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JACK GRADE</b>	
STREET ADDRESS	<b>1922 GLEN MEADOWS CIRCLE</b>	
CITY-ST-ZIP	<b>MELBOORNE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>GREENSPAN, CLIFFORD</b>	
STREET ADDRESS	<b>1802 WOODBERRY CIR</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DOLORES SHARP</b>	
STREET ADDRESS	<b>1947 GLEN MEADOWS CIRCLE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>O'BRIEN, ANN</b>	
STREET ADDRESS	<b>1809 WOODBERRY CIR</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PARSONS, MARK H</b>	
STREET ADDRESS	<b>1919 GLEN MEADOWS CIR.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MIKE SWEENEY</b>	
1.3 STREET ADDRESS	<b>1818 WOODBERRY CIR.</b>	
1.4 CITY-ST-ZIP	<b>MELBOORNE, FL 32935</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DAVID TOM</b>	
3.3 STREET ADDRESS	<b>1915 GLEN MEADOWS CIR</b>	
3.4 CITY-ST-ZIP	<b>MELBOORNE, FL 32935</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 1-10-98 407 723-7010**

CR2E037 (10/97)