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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32642

1. Corporation Name
CROTON MEADOWS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business CROTON MEADOWS H/O ASSOC. INC. PO BOX 362192 MELBOURNE FL 32936 US	Mailing Address CROTON MEADOWS H/O ASSOC. INC. PO BOX 362192 MELBOURNE FL 32936 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/02/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3011973
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 SWEENEY, MIKE. 82 Street Address (P.O. Box Number is Not Acceptable) 1818 WOOD BERRY CIR. 83 84 City MELBOURNE, FL 85 Zip Code 32935
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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]* DATE: 3/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWEENEY, MIKE		1.2 NAME	
STREET ADDRESS 1818 WOOD BERRY CIR		1.3 STREET ADDRESS	
CITY-ST-ZIP MELBOORNE FL 32935		1.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GREENSPAN, CLIFFORD		2.2 NAME Kerth DeVault	
STREET ADDRESS 1802 WOODBERRY CIR		2.3 STREET ADDRESS 1810 WOOD BERRY Circle	
CITY-ST-ZIP MELBOURNE FL		2.4 CITY-ST-ZIP Melbourne FL 32935	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAVID, TOM		3.2 NAME Donna Morris	
STREET ADDRESS 1915 GLEN MEADOWS CIR		3.3 STREET ADDRESS 1824 WOOD BERRY CIRCLE	
CITY-ST-ZIP MELBOURNE FL 32935		3.4 CITY-ST-ZIP Melbourne FL 32935	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME O'BRIEN, ANN		4.2 NAME Teresa Jones	
STREET ADDRESS 1809 WOODBERRY CIR		4.3 STREET ADDRESS 1911 Glen Meadows Circle	
CITY-ST-ZIP MELBOURNE FL		4.4 CITY-ST-ZIP Melbourne FL 32935	
TITLE PD	<input type="checkbox"/> DELETE	5.1 TITLE V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARSONS, MARK H		5.2 NAME	
STREET ADDRESS 1919 GLEN MEADOWS CIR.		5.3 STREET ADDRESS	
CITY-ST-ZIP MELBOURNE FL 32935		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3/20/99 DAYTIME PHONE #: 407-253-8131

CR25037 (11/98)