

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

00239996

DOCUMENT # N32642

1. Entity Name

CROTON MEADOWS HOMEOWNERS ASSOCIATION, INC.

04-02-2001 90090 032 ****61.25

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

00030019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3011973

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWEENEY, MIKE
1818 WOOD BERRY CIR
MELBOURNE FL 32935

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SWEENEY, MIKE	
STREET ADDRESS	1818 WOOD BERRY CIR	
CITY-ST-ZIP	MELBOORNE FL 32935	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEVAULT, KEITH	
STREET ADDRESS	1810 WOODBERRY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORRIS, DONNA	
STREET ADDRESS	1824 WOODBERRY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMOLLEY, BERNIE	
STREET ADDRESS	1826 WOODBERRY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARSONS, MARK H	
STREET ADDRESS	1919 GLEN MEADOWS CIR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William R. DeVault, Treasurer* **3/28/01** **(321)494-0513**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)