


**NON-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90049 006 ****61.25

DOCUMENT # N32642
1. Entity Name
CROTON MEADOWS HOMEOWNERS ASSOCIATION, INC.



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

50016539



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **59-3011973** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
O'BRIEN, FRANKLIN L
1809 WOOD BERRY CIR
MELBOURNE FL 32935

7. Name and Address of New Registered Agent
Name **RICHARD V VALENTE**
Street Address (P.O. Box Number is Not Acceptable)
1926 GLEN MEADOWS CIRCLE
City **MELBOURNE** FL **32935**

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Richard Valente* **FEB 8, 2005**
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
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, FRANKLIN L	
STREET ADDRESS	1809 WOODBERRY CIR.	
CITY-ST-ZIP	MELBOORNE FL 32935	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KANE, JOHN	
STREET ADDRESS	1807 WOODBERRY CIR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	TD	<input type="checkbox"/> Delete
NAME	O'BRIEN, ANGELA M	
STREET ADDRESS	1809 WOODBERRY CIR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LINEHAN, KRISTINE	
STREET ADDRESS	1812 WOODBERRY CIR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	ATD	<input checked="" type="checkbox"/> Delete
NAME	VALENTE, KATHRINE	
STREET ADDRESS	1926 GLEN MEADOWS CIR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD V VALENTE	
STREET ADDRESS	1926 GLEN MEADOWS CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY A VALENTE	
STREET ADDRESS	1926 GLEN MEADOWS CIRCLE	
CITY-ST-ZIP	MELBOURNE FL, 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL HITE	
STREET ADDRESS	1913 GLEN MEADOWS CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	ATD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL CLINTON IV	
STREET ADDRESS	1833 WOODBERRY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2. 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: *Richard Valente*
RICHARD V VALENTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 8, 2005 321-757-8461
Date Daytime Phone #