
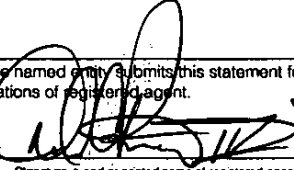
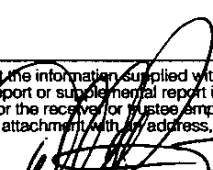


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90015 030 \*\*\*\*61.25

<b>DOCUMENT # N32642</b>					
1. Entity 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		
2. Principal Place of Business - No P.O. Box #			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 <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VALENTE, RICHARD V 1926 GLEN MEADOWS CIRCLE MELBOURNE, FL 32935			Name: Daniel C. Pierce IV Street Address (P.O. Box Number is Not Acceptable) 1833 Woodberry Circle City: Melbourne FL Zip Code 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:  Daniel C. Pierce IV			DATE: 2/4/08		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALENTE, RICHARD V		NAME	Blake, Steven	
STREET ADDRESS	1926 GLEN MEADOWS CIRCLE		STREET ADDRESS	1832 Woodberry Circle	
CITY-ST-ZIP	MELBOORNE, FL 32935		CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, DANIEL C IV		NAME	PIERCE, DANIEL C IV	
STREET ADDRESS	1833 WOODBERRY CIR		STREET ADDRESS	1833 WOODBERRY CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTE, KATHY A		NAME	WORKS, Shirley	
STREET ADDRESS	1926 GLEN MEADOWS CIRCLE		STREET ADDRESS	1826 Woodberry Circle	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	ATD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARHOLD, CAROL		NAME		
STREET ADDRESS	1912 GLEN MEADOWS CIR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	AD	<input checked="" type="checkbox"/> Delete	TITLE	AD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOOD, CHRISTY		NAME	PATERAKIS, CINDY	
STREET ADDRESS	1818 WOODBERRY CIRCLE		STREET ADDRESS	1904 Glen Meadows Circle	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 my address, with all other like empowered.					
SIGNATURE:  Daniel C. Pierce IV			DATE: 2/4/08		DAYTIME PHONE #: (321) 259-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #