2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

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FILED Mar 31, 2003 8:00 am Secretary of State

DOCUMENT # N32642 1. Entity Name CROTON MEADOWS HOMEOWNERS ASSOCIATION, INC.						03-17-2003 906	_		
Principal Place of Business CROTON MEADOWS H/O ASSOC. INC. PO BOX 382192 MELBOURNE FL 32938 US 2. Principal Place of Business		PO BOX 382192 MELBOURNE FL 32936 US	CROTON MEADOWS H/O ASSOC. INC. PO BOX 362192 MELBOURNE FL 32936 US		 		MT330.		
		3. Malling Address				I BLE BJANI ENBIR NIBO BEBJA EN	HIT BIBIS BIBIS BIB	[1 313 1 143	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-3	011973		oplied For ot 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 Addres	s of New Registered	Agent		
				ame FRAN	KLIN L.	O'BRIG	w)	÷ . }	
SWEENY, MIKE 1818 WOOD BERRY CIR				reet Address (Address (P.O. Box Number is Not Acceptable)				
MELBOURNE FL 32935				ity		C	Zip Code	9	
The above named entity submits this statement for the purpose of changing its re-					MELBOUR			20	
	stions of registered agent. Signature, typed or printed name of regist	Bien Farm		O'BRA	W RESIDE		rairmar with,	and accept	
FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Con				cing	\$5.00 May Be Added to Fees	Make Chec Florida Depai			
10.	OFFICERS	AND DIRECTORS	11.	. #		O OFFICERS AND D	IRECTORS IN		
TITLE	P				ADDITIONS/CHANGES			10	
	A	Delete	TITLE	PRA.		REISA	Change	10 Addition 8	
NAME	SWEENY, MIKE	Delate	NAME	PRS. FRA		BRIEN Y CIRCLE	Change		
STREET ADDRESS	1818 WOOD BERRY CIR	Delote	name Street add	RESS 1809	SIDENT UKUN L. O' WOODFERR	BRIEN Y CIRCLE EI 32939	☐ Change		
STREET ADDRESS CITY-ST-ZIP	1818 WOOD BERRY CIR MELBOORNE FL 32935	•	NAME STREET ADD CITY-ST-21	DRESS / 809 ALGA	SIDENT WELV L. O' WOODELL GOVENE,	FL 32933	Change	Addition 8	
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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 Irustee 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: