

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


3/1

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

03-17-2003 90699 011 ****61.25

DOCUMENT # N32642

1. Entity Name
CROTON MEADOWS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**CROTON MEADOWS H/O ASSOC. INC.
PO BOX 362192
MELBOURNE FL 32938
US**

Mailing Address
**CROTON MEADOWS H/O ASSOC. INC.
PO BOX 362192
MELBOURNE FL 32938
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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**



CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent

**SWEENY, MIKE
1818 WOOD BERRY CIR
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name **FRANKLIN L. O'BRIEN**

Street Address (P.O. Box Number is Not Acceptable)
1809 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 *Franklin L. O'Brien* **FRANKLIN L. O'BRIEN PRESIDENT**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SWEENY, MIKE	
STREET ADDRESS	1818 WOOD BERRY CIR	
CITY-ST-ZIP	MELBOORNE FL 32935	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DEVAULT, KEITH	
STREET ADDRESS	1810 WOODBERRY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, DONNA	
STREET ADDRESS	1824 WOODBERRY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMOLLEY, BERNIE	
STREET ADDRESS	1826 WOODBERRY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEELE, JIM	
STREET ADDRESS	1950 GLENMEADOWS 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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKLIN L. O'BRIEN	
STREET ADDRESS	1809 WOODBERRY CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32935	D
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN KANE	
STREET ADDRESS	1807 WOODBERRY CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32935	D
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGELA M. O'BRIEN	
STREET ADDRESS	1809 WOODBERRY CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32935	D
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAVIER TOLOZANO	
STREET ADDRESS	1822 WOODBERRY CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32935	D
TITLE	AT LARGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHERINE VALENDE	
STREET ADDRESS	1926 GLEN MEADOWS CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32935	D
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 *Franklin L. O'Brien* **FRANKLIN L. O'BRIEN PRESIDENT** Date **3/14/03** Daytime Phone # **(321) 259-1096**

CR2E037 (10/02)