

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32642

**FILED  
Apr 22, 2019  
Secretary of State  
7412526020CC**

**Entity Name:** CROTON MEADOWS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

CROTON MEADOWS H/O ASSOC, INC.  
1600 SARNO RD 114  
MELBOURNE, FL 32935

**Current Mailing Address:**

CROTON MEADOWS H/O ASSOC, INC.  
PO BOX 362192  
MELBOURNE, FL 32936 US

**FEI Number: 59-3011973**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DIAL, RENEE L ESQ.  
1600 SARNO RD  
114  
MELBOURNE, FL 32935 US

*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: RENEE L DIAL**

**04/22/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name DIAL, RENEE L ESQ.  
Address 1919 GLEN MEADOWS CIRCLE  
City-State-Zip: MELBOURNE FL 32935

Title TD  
Name HUGHES, KATHY R  
Address 1944 GLEN MEADOWS CIRCLE  
City-State-Zip: MELBOURNE FL 32935

Title SECRETARY  
Name GALT, MELISSA  
Address 1802 WOODBERRY CIR.  
City-State-Zip: MELBOURNE FL 32935

Title VPD  
Name ROSS, SUSAN  
Address 1946 GLEN MEADOWS CIRCLE  
City-State-Zip: MELBOURNE FL 32935

Title MEMBER-AT-LARGE  
Name HENDRICKSON, GARY  
Address 1943 GLEN MEADOWS CIRCLE  
City-State-Zip: MELBOURNE FL 32935

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RENEE L. DIAL, ESQ**

**PRES.**

**04/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date