

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759462 (5)
1. Corporation Name
CROTON PARK HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
P O BOX 360046 MELBOURNE FL 32935-1440
P O BOX 360046 MELBOURNE FL 32935-1440

3. Date Incorporated or Qualified 08/04/1981
3a. Date of Last Report 04/07/1995
4. FEI Number 59-2130812
Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 PO Box 360046 26 PO Box 360046
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 MELBOURNE, FL 28 MELBOURNE FL
Zip Country Zip Country
24 32936-0046 25 USA 29 32936-0046 30 USA

9. Name and Address of Current Registered Agent

MCDONALD-RUTHLING, NORM
1746 TUERS ROAD
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name ~~ARMY NAME~~ DANIEL CLERMONT
82 Street Address (P.O. Box Number is Not Acceptable)
~~1501 MATTE DR.~~
2550 FULTON CT.
83 City MELBOURNE FL 85 Zip Code 32935

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Daniel Clermont*
Signature, typed or printed name of registered agent and title if applicable

DANIEL CLERMONT
(NOTE: Registered Agent signature required when reinstating)

7-28-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
STD	SMITH, JUSTIN A	1930 MATTE DR	MELBOURNE FL	<input checked="" type="checkbox"/>
PD	MCDONALD-RUTHLING, NORM	1746 TUERS ROAD	MELBOURNE FL	<input checked="" type="checkbox"/>
VPD	CLERMONT, DAN	2550 FULTON CT	MELBOURNE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
STD	CLERMONT, DANIEL	2550 FULTON CT.	MELBOURNE, FL. 32935	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	KING, APRIL	1930 MATTE DR.	MELBOURNE, FL. 32935	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	VANDERVEER, RONALD	1657 W. SHORES RD	MELBOURNE, FL. 32935	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daniel Clermont DANIEL CLERMONT 7-28-96 (407) 251-6268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #