

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 759462

00 OCT 25 PM 4:33

1. Corporation Name

CROTON PARK HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 360046
MELBOURNE FL 32936-0046
US

P.O. BOX 340046
MELBOURNE FL 32936-0046
US



REINSTATEMENT

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2130812

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City & State 4
SD	CLERMONT, DANIEL	2350 FULTON CT	MELBOURNE FL 32935
PD	KING, APRIL	1889 MATTE DRIVE	MELBOURNE FL
TD	MULLINS, ALEXANDRIA MULLINS, MRS. ENA	1955 WEST SHORES RD	MELBOURNE FL 32935
PD	ROBBINS, PAUL	1964 W SHORES RD	MELBOURNE FL 32935
VPD	STREET-GROSS, ANNE F.	2529 BRETT CT.	MELBOURNE, FL 32935
SD	BARASSI, STEPHEN N.	1660 WEST SHORES RD	MELBOURNE, FL. 32935

8. Name and Address of Current Registered Agent

CLERMONT, DANIEL BARASSI, STEPHEN N.
2550 FULTON COURT 1660 WEST SHORES RD
MELBOURNE FL 32935

9. Name and Address of New Registered Agent

Name
STEPHEN N. BARASSI
Street Address (P.O. Box Number is Not Acceptable)
1660 WEST SHORES RD
Suite, Apt. #, Etc.
City
Melbourne
State
FL
Zip Code
32935

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

STEPHEN N. BARASSI
REGISTERED AGENT MUST SIGN

Date 10-19-00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

PAUL R. Robbins
PRESIDENT

10-19-2000

Date

321-255 3580

Daytime Phone #

CR20040 (8/00)