

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90191 028 ****61.25

0061239

DOCUMENT # 759462

1. Entity Name

CROTON PARK HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2130812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARASSI, STEPHEN N
1660 WEST SHORES RD
MELBOURNE FL 32935

Name **Cheryl A. Malone**

Street Address (P.O. Box Number is Not Acceptable)

1976 West Shores Rd

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
 NAME **BARASSI, STEPHEN N**
 STREET ADDRESS **1660 WEST SHORES RD**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **VPD** ☒ Delete
 NAME **STREET-GROSS, ANNE F**
 STREET ADDRESS **2529 BRET COURT**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **TD** ☐ Delete
 NAME **MULLINS, ALEXANDRIA**
 STREET ADDRESS **1955 WEST SHORES RD**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **PD** ☒ Delete
 NAME **ROBBINS, PAUL**
 STREET ADDRESS **1964 W SHORES RD**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Cheryl A. Malone**
 STREET ADDRESS **West Shores Rd**
 CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Paul Robbins**
 STREET ADDRESS **West Shores Rd**
 CITY-ST-ZIP **Melbourne, FL 32935**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
 NAME **ANN F. STREET-GROSS**
 STREET ADDRESS **2529 BRET CT**
 CITY-ST-ZIP **Melbourne, FL 32935**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **ANNE F. STREET-GROSS** **2/5/01** **(321) 255-5722**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)