


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90013 003 ****61.25

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	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MULLINS, ALEXADRIA 1955 WEST SHORES RD MELBOURNE, FL 32935				Name <u>ALEXANDRIA MULLINS</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER, DROUIN JR			NAME	
STREET ADDRESS	1933 WEST SHORES RD			STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete			TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNEST, MULLINS			NAME	
STREET ADDRESS	1855 WEST SHORES RD			STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS, ALEXANDRIA			NAME	
STREET ADDRESS	1955 WEST SHORES RD			STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET-GROSS, ANN F			NAME	
STREET ADDRESS	2529 BRETT CT.			STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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)(l), 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: <u>Alexandria Mullins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>6 Jan 04 (321) 494-0804</u> <small>Daytime Phone #</small>	