

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759462

FILED
Mar 02, 2006
Secretary of State

Entity Name: CROTON PARK HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 360046
MELBOURNE, FL 329360046 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 340046
MELBOURNE, FL 329360046 US

New Mailing Address:

P.O. BOX 340046
MELBOURNE, FL 329360046 US

FEI Number: 59-2130812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGWORTHY, LISA
PO BOX 340046
MELBOURNE, FL 32936 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ELKINS, WALTER
Address: PO BOX 360046
City-St-Zip: MELBOURNE, FL 32936

Title: T () Delete
Name: LANGWORTHY, LISA
Address: PO BOX 360046
City-St-Zip: MELBOURNE, FL 32936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: ELKINS, AUSTIN
Address: PO BOX 360046
City-St-Zip: MELBOURNE, FL 32936

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LISA LANGWORTHY

TREA

03/02/2006

Electronic Signature of Signing Officer or Director

Date