


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90021 049 ****61.25

DOCUMENT # 759462	
1. Entity Name CROTON PARK HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 1915 MATTE DRIVE MELBOURNE, FL 32936-0046 US	Mailing Address P.O. BOX 340046 MELBOURNE, FL 32936-0046 US
--	---

2. Principal Place of Business - No P.O. Box # 1955 West Shores Rd Suite, Apt. #, etc.	3. Mailing Address P.O. Box 340046 Suite, Apt. #, etc.
--	--

City & State Melbourne FL	City & State Melbourne FL
Zip 32935	Country Barbados
Zip 32936	Country Barbados

8. Name and Address of Current Registered Agent LANGWORTHY, LISA 1915 MATTE MELBOURNE, FL 32935	
--	--

7. Name and Address of New Registered Agent Name: Alexandra Mullins Street Address (P.O. Box Number is Not Acceptable): 1955 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>Alexandra Mullins</i> Signature, typed or printed name of registered agent, and title if applicable. Alexandra Mullins, TREASURER	DATE: 15 Apr 08 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	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 NAME STREET ADDRESS CITY - ST - ZIP	S ELKINS, AUSTIN PO BOX 360046 MELBOURNE, FL 32936 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P William B. LaDrew 1758 West Shores Rd Melbourne FL 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LANGWORTHY, LISA PO BOX 360046 MELBOURNE, FL 32936 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Dan Clement 8550 Fulton St Melbourne FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Alexandra Mullins 1955 West Shores Rd Melbourne FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Alexandra Mullins</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 15 Apr 08	321 255 2158 Daytime Phone #
---	-----------------	---------------------------------

Alexandra Mullins

Apr 17 4:00 P.M.