

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2005
Secretary of State**

DOCUMENT# 761677

Entity Name: CROTON GARDENS, INC.

Current Principal Place of Business:

13875 TANGERINE BLVD
WEST PALM BEACH, FL 33412 US

New Principal Place of Business:

Current Mailing Address:

13875 TANGERINE BLVD
WEST PALM BEACH, FL 33412 US

New Mailing Address:

FEI Number: 59-2267143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COMAS, DEBBIE
13875 TANGERINE BLVD
WEST PALM BEACH, FL 33412 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: D () Delete
Name: DASSLER, MICHAEL
Address: 1370 E. TERRA MAR DRIVE
City-St-Zip: POMPANO BEACH, FL 33062

Title: VPD () Delete
Name: COMBS, DAVID
Address: 13875 TANGERINE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33412

Title: PD () Delete
Name: COMBS, DEBBIE
Address: 13875 TANGERINE BLVD
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D () Delete
Name: COMBS, LORI
Address: 13875 TANGERINE BLVD
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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: DEBBIE COMBS

PD

04/07/2005

Electronic Signature of Signing Officer or Director

Date