2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761677

FILED Jaņ 16, 2<u>00</u>6 Secretary of State

Entity Name: CROTON GARDENS, INC.

Current Principal Place of Business: New Principal Place of Business: 13875 TANGERINE BLVD WEST PALM BEACH, FL 33412 LIS **Current Mailing Address: New Mailing Address:** 13875 TANGERINE BLVD WEST PALM BEACH, FL 33412 US FEI Number: 59-2267143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: COMAS, DEBBIE COMBS, DEBBIE 13875 TANGERINE BLVD 13875 TANGERINE BLVD WEST PALM BEACH, FL 33412 US WEST PALM BEACH, FL 33412 US 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: DEBBIE COMBS 01/16/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DASSLER, MICHAEL Name: Name: 1370 E. TERRA MAR DRIVE Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: Title: () Delete Title: () Change () Addition Name: COMBS, DAVID Name: Address: 13875 TANGERINE BLVD. Address: City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: Title: PD () Delete Title: () Change () Addition COMBS, DEBBIE Name: Name: 13875 TANGERINE BLVD Address: Address: City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: Title: () Delete Title: () Change () Addition Name: COMBS, LORI Name: Address: 13875 TANGERINE BLVD Address: City-St-Zip: WEST PALM BEACH, FL 33412 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: DEBBIE COMBS Ρ 01/16/2006