

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763892

1. Entity Name

CROTON RIVER HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

770 AVOCADO DRIVE
MERRITT ISLAND FL 32953
US

Mailing Address

PO BOX 541689
MERRITT ISLD FL 32954
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

TRIBE, JOHN
770 AVOCADO DRIVE
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KARLENE, MICHAEL
STREET ADDRESS 710 AVOCADO DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE SD
NAME MADYDA, LINDA
STREET ADDRESS 740 AVOCADO DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE TD
NAME TRIBE, JOHN
STREET ADDRESS 770 AVOCADO DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE VPD
NAME SOLID, LEROY
STREET ADDRESS 765 RIVER OAKS LANE
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12 Mar 02 321 452 2352

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90172 001 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

650868436
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

CR2E037 (9/01)