2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007
Secretary of State

DOCUMENT# N17707

Entity Name: CROTON WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1668 ARBOR DR.
MELBOURNE, FL 32935 US

New Principal Place of Business:

1992 THISTLE DRIVE
MELBOURNE, FL 32935 US

Current Mailing Address:

PO BOX 410825
MELBOURNE, FL 32941825 US

New Mailing Address:

FEI Number: 59-2824299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALLAWAY, MICHAEL
1668 ARBOR DR.
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

WYCKOFF, GENE
1992 THISTLE DRIVE
MELBOURNE, FL 32935 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: GENE WYCKOFF 03/14/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CALLAWAY, MICHAEL
Address: 1668 ARBOR DR.
City-St-Zip: MELBOURNE, FL 32935

Title: TD ( ) Delete
Name: CHERRY, MARK
Address: 1983 BOTTLEBRUSH DR.
City-St-Zip: MELBOURNE, FL 32935

Title: VD ( ) Delete
Name: FLUTIE, RICHARD
Address: 2006 BOTTLEBRUSH DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: SD ( ) Delete
Name: KASZA, MICHAEL
Address: 2023 BOTTLEBRUSH DR.
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WYCKOFF, GENE
Address: 1992 THISTLE DRIVE
City-St-Zip: MELBOURNE, FL 32935

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

Title: SD (X) Change ( ) Addition
Name: FLUTIE, RICHARD
Address: 2006 BOTTLEBRUSH DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Change ( ) Addition
Name: KASZA, MICHAEL
Address: 2023 BOTTLEBRUSH DR.
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Change (X) Addition
Name: GORGONE, JOSEPH
Address: 2047 BOTTLEBRUSH DRIVE
City-St-Zip: MELBOURNE, FL 32935

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: MARK CHERRY TD 03/14/2007
Electronic Signature of Signing Officer or Director Date