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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THESE SPACES #138.75

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra D. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735684
1. Corporation Name
MELBOURNE SHORES PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business Mailing Address
**MELBOURNE SHORES,
MELBOURNE BEACH, FL. P.O. BOX 510374
MELBOURNE BEACH, FL
32951**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 City & State 28 City & State
24 City 25 County 29 City 30 County

3. Date incorporated or Qualified **MARCH 24, 1959** 3a. Date of Last Report **1994**
4. FBI Number **59-2352923** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HAROLD S. NORTON, JR.
123 PELICAN DRIVE
MELBOURNE BEACH, FL 32951**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Harold S. Norton, Jr. **HAROLD S. NORTON, JR., SECRETARY** **APRIL 6, 1995**
Signature typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when registering DATE

12. OFFICERS AND DIRECTORS		12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PRESIDENT LAWRENCE A. BELL 150 HERON DR. MELBOURNE BEACH, FL 32951	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	TRUSTEE JOHN AMADON 114 PELICAN DR. MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VICE PRESIDENT RUTH BENDER 295 HERON DR. MELBOURNE BEACH, FL 32951	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	TRUSTEE RUSSELL MUTER 5935 OCEANIDE DR. MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SECRETARY HAROLD S. NORTON, JR. 123 PELICAN DR. MELBOURNE BEACH, FL 32951	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	TRUSTEE CLARENCE DELEBOW 330 PELICAN DR. MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TREASURER NANCY ANTON 5080 RIVERSIDE DR. MELBOURNE BEACH, FL 32951	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	TRUSTEE FREDERICK MARSHALL 220 HERON DR. MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PAST PRESIDENT, TRUSTEE THEKLA TUDOR 245 FLAMINGO DR. MELBOURNE BEACH, FL 32951	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	TRUSTEE LOUIS ROS 117 FLAMINGO DR. MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PAST PRESIDENT, TRUSTEE SHeldon BENDER 295 HERON DR. MELBOURNE BEACH, FL 32951	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	 TIS 5/9/95 <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold S. Norton, Jr. **HAROLD S. NORTON, JR.** **APRIL 6, 1995** **(A07) 951-4422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE System Name #