## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 735684

(3)

MELBOURNE SHORES PROPERTY OWNERS ASSOCIATION, IN

0,									ANTIK BIRTI BIRTI HER	
Principal Place of Business Mailing Address		Address				-	'EF BIBN BIBN BIBN I	##### <b>#####</b> ##########################		
MELBOURNE SHORES P.O. BOX 510374 MELBOURNE BEACH FL MELBOURNE BEACH FL 3.			32951							
							3. Date Incorporated or Qualified 04/28/1976	3a. Date of L 05/01	ast Report 1/1995	
	ace of Business	F	2a. Mailing Address				4. FEI Number		Applied For	
21		26					59-2352923		Not Applicable	
Suite, Apt. #, etc. 22 2			Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required			
City & State	9	City 8	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	·		Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29			30			Florida Statutes 🔲 Yes 🔀 No			
Name and Address of Current Registered Agent					7-	10. Name and Address of New Registered Agent				
				81	Name	9				
NORTON, HAROLD S JR 123 PELICAN DRIVE			82	Stree	Address (P.O. Box Number is Not Acceptable)					
	JRNE BEACH FL 32951									
				84	,				Zıp Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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. It amiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.									s registered office red agent. I am	
SIGNATURE HAROLD S. NORTON, JR. 3-31-96  Signature, typed or printed name of refistered agont and title if applicable. (NOTE: Riogistered Agont signature required when reinstating)  DATE										
12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PP/T		DELETE	1.1 TITLE		P/	·	Chang		
NAME	Tudor, teke		0	1.2 NAME			RTON, HAROLD S., J		7	
STREET ADDRESS	245 FLAMINGO DR			1.3 STREET	ADDRESS		PELICAN DR.			
CITY-ST-ZIP	MELBOURNE BEACH FL 32951			1.4 CITY - S	4 CITY-SI-ZIP MALBOURNE BEACH FL 32951					
TITLE	TRUS		DELETE	2.1 TITLE		V/1		Chanc	e 🔀 Addition	
NAME	MUTER, RUSSELL			2.2 NAME			RRISSBY , LEO	_ `		
STREET ADDRESS	5935 OCEANSIDE DR.			2 3 STREET			FLAMINGO OR.			
CITY-ST-ZIP	MELBOURNE BEACH FL 3	2951		2 4 CITY-	ST-ZIP	ME	BOURNA BEACH , FL 32	951		
TITLE	SEC		DELETE	3.1 TITLE		5/1		Chang	e 🔀 Addition	
NAME	NORTON, HAROLD S.			3.2 NAME		No	RTON, MARGIE N.			
STREET ADDRESS	123 PELICAN DR.			3.3 STREET	ADDRESS	123	S PALICAH DR.			
CITY-ST-ZIP	MELBOURNE BEACH FL 3	2951		3.4 CITY-	ST-ZIP	ME	LBOURNE BEACH, FL 32	951		
TITLE	PP/T	1	DELETE	4.1 TITLE		T/C		☐ Chang	e 🗷 Addition	
NAME	BENDER, SHELDON			4. 2 NAME		MU	TER RUSSELL		,	
STREET ADDRESS	295 HERON DR			4.3 STREET	ADDRESS	593	is ocbansija dr.			
CITY-ST-ZIP	MELBOURNE BEACH FL 3	2951		4.4 CITY-S	T - ZIP	WAL	Bourne Beach, FL 32	951		
TITLE	T	•	DELETE	5.1 TITLE				☐ Chang	e 🔲 Addition	
NAME	DELEEUW, CLARENCE			5.2 NAME					}	
STREET ADDRESS	330 PELICAN DR.			5.3 STREET	ADDRESS					
CITY-ST-ZIP	MELBOURNE BEACH FL 3	2951		5.4 CITY - S	T-ZIP				1	
TITLE	T	4	DELETE	6.1 TITLE				☐ Chang	e 🔲 Addition	
NAME	AMADON, JOHN			6.2 NAME						
STREET ADDRESS	114 PELICAN DR.			6.3 STREET	ADDRESS					
CITY-ST-ZIP	MELBOURNE BEACH FL 3	2951		64 CHY-S	1 - ŽIP	L				

-ST-2IP MELBOUTHIE BEACH PL 32931

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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.

PROSIDENT

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: