

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 27 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735684 (3)

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 32951-0374**

3. Date Incorporated or Qualified **04/28/1976** 3a. Date of Last Report **04/03/1996**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-2352923	<input type="checkbox"/> Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NORTON, HAROLD S JR 123 PELICAN DRIVE MELBOURNE BEACH FL 32951				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NORTON, HAROLD S JR		1.2 NAME				
STREET ADDRESS	123 PELICAN DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE BEACH FL		1.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRISSEY, LEO		2.2 NAME	SIMOES, SUE			
STREET ADDRESS	160 FLAMINGO DR		2.3 STREET ADDRESS	5895 RIVERSIDE DR.			
CITY-ST-ZIP	MELBOURNE BEACH FL		2.4 CITY-ST-ZIP	MELBOURNE BEACH FL 32951			
TITLE	TSD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NORTON, MARGIE N		3.2 NAME				
STREET ADDRESS	123 PELICAN DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE BEACH FL		3.4 CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MUTER, RUSSELL		4.2 NAME	MARSHALL, FRED			
STREET ADDRESS	5935 OCEANSIDE DR		4.3 STREET ADDRESS	220 HERON DR			
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	MELBOURNE BEACH FL 32951			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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 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. PRESIDENT** 2-21-97

CR2E037 (9/96)