

FILE NOW: FILING FEE IS \$61.25

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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735684** (3)

1. Corporation Name
MELBOURNE SHORES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business MELBOURNE SHORES MELBOURNE BEACH FL	Mailing Address P.O. BOX 510374 MELBOURNE BEACH FL 32951
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3. Date Incorporated or Qualified 04/28/1976		
4. FEI Number 59-2352923	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. DOES NOT APPLY		

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

9. Name and Address of Current Registered Agent

**NORTON, HAROLD S 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	85 Zip Code

FL

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

TITLE PD	<input type="checkbox"/> DELETE
NAME NORTON, HAROLD S JR	
STREET ADDRESS 123 PELICAN DR	
CITY-ST-ZIP MELBOURNE BEACH FL	
TITLE VP	<input type="checkbox"/> DELETE
NAME SIMOES, SUE	
STREET ADDRESS 5895 RIVERSIDE DR	
CITY-ST-ZIP MELBOURNE BCH FL	
TITLE TSD	<input checked="" type="checkbox"/> DELETE
NAME NORTON, MARGIE N	
STREET ADDRESS 123 PELICAN DR	
CITY-ST-ZIP MELBOURNE BEACH FL	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME MARSHALL, FRED	
STREET ADDRESS 220 HERON DR	
CITY-ST-ZIP MELBOURNE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE XSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME NORTON, HAROLD S. JR.	
1.3 STREET ADDRESS 123 PELICAN DR.	
1.4 CITY-ST-ZIP MELBOURNE BEACH, FL	
2.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME SIMOES, SUE	
2.3 STREET ADDRESS 5895 RIVERSIDE DR.	
2.4 CITY-ST-ZIP MELBOURNE BEACH, FL	
3.1 TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME DAN MULCAHY	
3.3 STREET ADDRESS 138 FLAMINGO DR.	
3.4 CITY-ST-ZIP MELBOURNE BEACH, FL	
4.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME PATRICIA BLAHA	
4.3 STREET ADDRESS 280 FLAMINGO DR.	
4.4 CITY-ST-ZIP MELBOURNE BEACH, FL.	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.** 2/24/98 (407) 951-4422

CR2E037 (10/97)