


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90115 049 ****61.25

0020536

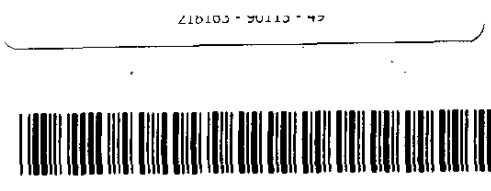
| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 735684

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**



| | | | | |
|---|--|--|------------------------------------|-------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 04/28/1976 | 4. FEI Number 59-2352923 | Applied For Not Applicable |
| 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 | | |

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
FL 85 Zip 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 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 | SD <input checked="" type="checkbox"/> DELETE |
| NAME | NORTON, HAROLD S JR |
| STREET ADDRESS | 123 PELICAN DR |
| CITY-ST-ZIP | MELBOURNE BEACH FL |
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | SIMOES, SUE |
| STREET ADDRESS | 5895 RIVERSIDE DR |
| CITY-ST-ZIP | MELBOURNE BCH FL |
| TITLE | VD <input checked="" type="checkbox"/> DELETE |
| NAME | MULCAHY, DAN |
| STREET ADDRESS | 138 FLAMINGO DR |
| CITY-ST-ZIP | MELBOURNE BEACH FL |
| TITLE | TD <input type="checkbox"/> DELETE |
| NAME | BLAHA, PATRICIA |
| STREET ADDRESS | 280 FLAMINGO 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 | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | ALICE R. FOX |
| 1.3 STREET ADDRESS | 5880 RIVERSIDE DR. |
| 1.4 CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 |
| 2.1 TITLE | PD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | ← SAME |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | JAY TRUE |
| 3.3 STREET ADDRESS | 113 PELICAN DR. |
| 3.4 CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 |
| 4.1 TITLE | TD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | ← SAME |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 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, with all other like empowered.

SIGNATURE: *Susan L. Simoes* **Susan L. Simoes President, Feb 22, 1999** 407-729-8123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)