

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735684

1. Entity Name

MELBOURNE SHORES PROPERTY OWNERS ASSOCIATION, IN

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90111 040 ****61.25

Principal Place of Business

Mailing Address

MELBOURNE SHORES
 MELBOURNE BEACH FL

P.O. BOX 510374
 MELBOURNE BEACH FL 32951-0374

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2352923

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORTON, HAROLD S JR
 123 PELICAN DRIVE
 MELBOURNE BEACH FL 32951

Name: DOUGLAS L. DE MAR
 Street Address (P.O. Box Number is Not Acceptable): 301 Indian Mound Dr
Melbourne Beach
 City: FL Zip Code: 32951

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: [Signature]
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-2000

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	FOX, ALICE R	
STREET ADDRESS	5880 RIVERSIDE DR	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SIMONES, SUE	
STREET ADDRESS	5895 RIVERSIDE DR	
CITY-ST-ZIP	MELBOURNE BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TRUE, JAY	
STREET ADDRESS	113 PELICAN DR	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Demar, Doug	
STREET ADDRESS	6030 Riverside Drive 301 Indian Mound	
CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marshall, Fred	
STREET ADDRESS	220 Heron Drive	
CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 2/3/00 407 6763805
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)