

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90150 010 ****61.25

DOCUMENT # 751410 1. Entity Name MELROSE PARK PROPERTY OWNER'S ASSOCIATION, INC.			
Principal Place of Business 9369 TALWAY CIR. BOYNTON BCH., FL 33437 US		Mailing Address 9369 TALWAY CIR. BOYNTON BCH., FL 33437 US	
2. Principal Place of Business - No P.O. Box # ASSOCIATED PROPERTY MGMT Suite, Apt. #, etc. 1928 LAKE WORTH RD.		3. Mailing Address ASSOCIATED PROPERTY MGMT Suite, Apt. #, etc. 1928 LAKE WORTH RD.	
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL	
Zip 33461		Zip 33461	
Country USA		Country USA	
4. FEI Number 59-2766712		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSELLI, KAREN E P.A. 2740 HAMPTON CIRCLE EAST 222 LAKE VIEW AVE DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name ASSOCIATED PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 1928 LAKE WORTH RD. City LAKE WORTH FL Zip Code 33461	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	COSTANZA, SUSAN		
STREET ADDRESS	9369 TALWAY CIRCLE		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	P	<input checked="" type="checkbox"/> Delete	
NAME	PALERMO, ROCCO		
STREET ADDRESS	9369 TALWAY CIRCLE		
CITY-ST-ZIP	BOYNTON BCH., FL 33437		
TITLE	D	<input type="checkbox"/> Delete	
NAME	BURNS, MIKE		
STREET ADDRESS	9369 TALWAY CIRCLE		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	S	<input checked="" type="checkbox"/> Delete	
NAME	MOORE, MADISON		
STREET ADDRESS	9369 TALWAY CIRCLE		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	DT	<input checked="" type="checkbox"/> Delete	
NAME	DZIKI, MARIANNE		
STREET ADDRESS	9369 TALWAY CIRCLE		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	V	<input checked="" type="checkbox"/> Delete	
NAME	HANLON, ANN		
STREET ADDRESS	9895 CALLAN CT		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, ELLEN		
STREET ADDRESS	9515 LISTOW TERRACE		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DOMINGUEZ, TONY		
STREET ADDRESS	9390 LISTOW TERRACE		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RAJENIMI, LAURIE		
STREET ADDRESS	9660 PAYTON COURT		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SIEGER, DARREN		
STREET ADDRESS	9140 TALWAY CIRCLE		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALERMO, ROCCO		
STREET ADDRESS	9369 TALWAY CIRCLE		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANLON, ANN		
STREET ADDRESS	9895 CALLAN CT.		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		Date 4/11/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			