

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:04

DOCUMENT # **764343** (0)

1. Corporation Name  
**MELBOURNE HARBOR PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
C/O JANICE M. LAPLANTE  
2220 S. FRONT ST #303  
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/28/1982</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2580028</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under § 192.035, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**OLSEN, LOUIS B  
2220 S FRONT ST  
#302  
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607 0502 and 607 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 607 0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature must be printed name of registered agent and title if applicable) (Date) (Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	PD OLSEN, LOUIS B 2220 S FRONT ST #302 MELBOURNE FL
TITLE	T LA PLANTE, JANICE M. 2220 S FRONT ST #303 MELBOURNE FL
TITLE	VD SCHMITZ, PIERRE P 2260 S FRONT ST #404 MELBOURNE FL
TITLE	D BILLINGS, FRANK 2210 S FRONT ST #105 MELBOURNE FL
TITLE	S GALLIGAN, JANET 2220 S FRONT ST #103 MELBOURNE FL
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS #1-12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	D Steven Gaur
33 STREET ADDRESS	2260 Front St #201
34 CITY ST ZIP	Melbourne FL 32901
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D George Turner
43 STREET ADDRESS	932 S Wickham Rd Suite A
44 CITY ST ZIP	W Melbourne FL 32904
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	D Herman Geiser
63 STREET ADDRESS	100 E Old Country Rd
64 CITY ST ZIP	Mineola N.Y 11501

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 07(3)(b), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Janice M LaPlante*  
(Signature and typed or printed name of signing officer or director)  
**Janice M LaPlante**

Treasurer **5/1/95 407-984-9668**