


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90752 049 ****61.25

DOCUMENT # 764343

1. Entity Name
MELBOURNE HARBOR PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**C/O RICHARD BAILEY CPA
 2210 FRONT ST
 MELBOURNE, FL 32901 US**

Mailing Address
**C/O RICHARD BAILEY CPA
 2210 FRONT ST
 MELBOURNE, FL 32901 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04282004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-2580028

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
~~OLSEN, LOUIS B~~ *Tom Nelson*
~~2220 S FRONT ST #302~~ *2210 South Front St.*
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent
 Name *Nelson Tom*
 Street Address (P.O. Box Number is Not Acceptable)
2210 S FRONT ST STE 101
 City *Melbourne* FL Zip Code *32901*

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 *Tom Nelson, Tom Nelson President*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME SD NELSON, TOM	<input type="checkbox"/> Delete
STREET ADDRESS 2210 FRONT ST., STE 101	
CITY-ST-ZIP MELBOURNE, FL 32901	
TITLE NAME T BAILEY, RICHARD A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2210 S. FRONT ST, STE 204	
CITY-ST-ZIP MELBOURNE, FL 32901	
TITLE NAME D HAHLE, DONNA	<input type="checkbox"/> Delete
STREET ADDRESS 2220 FRONT ST., STE 401	
CITY-ST-ZIP MELBOURNE, FL 32901	
TITLE NAME VD FLETCHER, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2260 FRONT ST, STE 301	
CITY-ST-ZIP MELBOURNE, FL 32901	
TITLE NAME PD COOLIDGE, BOB	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 205 E. NASSAU BLVD.	
CITY-ST-ZIP MELBOURNE, FL 32901	
TITLE NAME 	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE NAME VPD Clark, Coy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 575 S WICKHAM Rd	
CITY-ST-ZIP W. Melbourne, FL 32904	
TITLE NAME TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE NAME SD Hynes, Bonny	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2200 Front St. STE 301	
CITY-ST-ZIP Melbourne, FL 32901	
TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE NAME D Willie O'Donnell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS # 103 2260 South Front Street	
CITY-ST-ZIP Melbourne, Florida 32901	

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: *Tom Nelson* *4/29/04* *321/225-9054*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #