

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90003 045 ****61.25

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

Principal Place of Business
 C/O RICHARD BAILEY CPA
 2210 FRONT ST SUITE 204
 MELBOURNE, FL 32901 US

Mailing Address
 C/O RICHARD BAILEY CPA
 2210 FRONT ST SUITE 204
 MELBOURNE, FL 32901 US



2. Principal Place of Business
C/O Thomas J. Kasica, CPA
 Suite, Apt. #, etc.
2210 Front St., Suite 301

3. Mailing Address
C/O Thomas J. Kasica, CPA
 Suite, Apt. #, etc.
2210 Front St., Suite 301

07032006 Chg-NP CR2E037 (4/06)

City & State
Melbourne, Florida

City & State
Melbourne, Florida

4. FEI Number
59-2580028

Applied For
 Not Applicable

Zip
32901-7505

Country
US

Zip
32901-7505

Country
US

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HYNES, BONNY L
 2200 FRONT ST.
 SUITE 301
 MELBOURNE, FL 32901

Name
Donald Adams
 Street Address (P.O. Box Number is Not Acceptable)
2220 Front Street, Unit 404
 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 *Donald Adams*

7.5.06

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 September 6, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HYNES, BONNY L PRES 2200 FRONT ST., SUITE 301 MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, DONALD D SEC 2220 FRONT ST. UNIT 404 MELBOURNE, FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUHN, RONALD M TREAS 2260 FRONT ST., UNIT 102 MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, ROY P VP 216 THATCH PALM COURT INDIAN HARBOR BCH, FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, COY A 575 S WICKHAM RD MELBOURNE, FL 32904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDALL, BERTHA 2240 FRONT ST., UNIT 101 MELBOURNE, FL 32901	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Donald D. Adams, Pres 2210 Front St. Unit 404, Melbourne, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Richard Hawkes, Treas. 2293 W Eau Gallie Blvd, Melbourne, FL 32935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Russ Graves 2260 Front Street, Melbourne, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Donald Adams* **PRESIDENT**

7.5.06 321-543-0175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #