


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90094 045 \*\*\*\*61.25

**DOCUMENT # 764343**

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



Principal Place of Business  
 C/O THOMAS J KASICA, CPA  
 2210 FRONT ST STE 301  
 MELBOURNE, FL 32901 US

Mailing Address  
 C/O THOMAS J KASICA, CPA  
 2210 FRONT ST STE 301  
 MELBOURNE, FL 32901 US



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

04122008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-2580028**

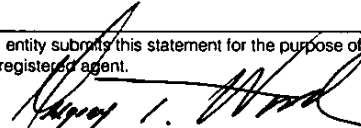
Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 ADAMS, DONALD  
 2200 FRONT ST.  
 SUITE 404  
 MELBOURNE, FL 32901

**7. Name and Address of New Registered Agent**  
 Name  
**Gregory T. Wood**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2210 Front St. Suite 202**  
 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  DATE **4-18-08**

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

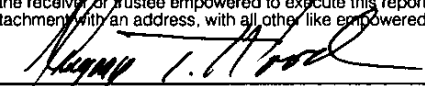
**Filing Fee is \$61.25 Due by May 1, 2008**

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 ADAMS, DONALD D PRES 2220 FRONT ST. UNIT 404 MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gregory T. Wood, President 2210 Front St. Suite 202 Melbourne, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAWKES, RICHARD TREAS 2293 W EAU GALLIE BLVD MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carol Olsen Sec 2220 Front St. Unit #301 Melbourne, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, ROY P VP 216 THATCH PALM COURT INDIAN HARBOR BCH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Philip Worbey Dir 2260 Front St. Unit 406 Melbourne, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	Hawkes, Richard Vice Pres 2293 W Eau Gallie Blvd Melbourne, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAVES, RUSS 2260 FRONT STREET MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hynes, Bonney Treas. 636 E Melbourne Avenue Melbourne, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYNES, BONNY 636 E MELBOURNE AVE MELBOURNE, FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:  DATE **4-18-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #