

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90148 050 ****61.25

DOCUMENT # 764343

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



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.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

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
**OLSEN, LOUIS B
2220 S FRONT ST
#302
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD A. BAILEY	
STREET ADDRESS	2210 S. FRONT ST., STE 204	
CITY-ST-ZIP	MELBOURNE, FL. 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: *Richard A. Bailey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 (321) 768-9500

CR2E037 (10/02)