


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000006968
 1. Entity Name
MELROSE LANDING AT EDEN LAKES 2 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O COURTNEY PROPERTY MANAGEMENT 13250 SW 135 AVE MIAMI, FL 33186	Mailing Address C/O COURTNEY PROPERTY MANAGEMENT 13250 SW 135 AVE MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



03182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0632043	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**RANDALL K. ROGER & ASSOCIATES, PA
 621 NW 53 ST
 SUITE 300
 BOCA RATON, FL 33487**

DO NOT WRITE IN THIS SPACE

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

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

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

U00000920818
 05/14/08-80060-005 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, WILLIAM M 16337 SW 44 ST MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ACOSTA, TOM 16235 SW 43 TERRACE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARROTE, ROLANDO I 4401 SW 162 COURT MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTILLO, EDWARD 4386 SW 163 PATH MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUAJARDO, MARCO 4362 SW 163RD PATH MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/9/08** **786-245-5747**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #