

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90013 041 ****61.25

DOCUMENT # N05000006711 1. Entity Name SAN MELLINA COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 2840 UNIVERSITY DR. CORAL SPRINGS, FL 33065	Mailing Address 2840 UNIVERSITY DR. CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE

40027003



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4612069	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GILLESPIE, R. BOWEN III 1515 S. FEDERAL HWY., STE. 306 BOCA RATON, FL 33432	DO NOT WRITE IN THIS SPACE
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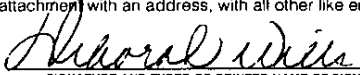
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WILLS, DEBORAH 2840 UNIVERSITY DR. CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PAIGO, RANDY 2840 UNIVERSITY DR. CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST GUILLLOTTE, JOSEPH 2840 UNIVERSITY DR. CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

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:  **1/30/07** **954-755-1775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #