

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR 23 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770590 (8)
1. Corporation Name
MELROSE AREA PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
INC. INC.
412 NORTHEAST 16TH AVE. 412 NORTHEAST 16TH AVE.
GAINESVILLE FL 32601 GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
10/05/1983 05/01/1994
4. FEI Number Applied For
59-2381211 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 P.O. BOX 336
22 City & State 27 Suite, Apt. #, etc.
23 City & State 28 MELROSE, FL 32666
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, STEPHEN A.
728 NORTHWEST EIGHTH AVE.
GAINESVILLE FL 32601

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SCHEFFLER, KENNETH C.
STREET ADDRESS LOT 15 PIPER DR.
CITY-ST-ZIP MELROSE LANDING FL
TITLE SD
NAME GIANATASIO, JOHN
STREET ADDRESS LOT 34 CESSNA DR
CITY-ST-ZIP MELROSE LANDING FL
TITLE TD
NAME GREGG, WILLIAM
STREET ADDRESS LOT P-36 MELROSE LANDING DR.
CITY-ST-ZIP MELROSE LANDING FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME DEAN HAYES
1.3 STREET ADDRESS RT 2, BOX 27035
1.4 CITY-ST-ZIP HAWTHORNE, FL 32640
2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME GEORGE CARLYON
2.3 STREET ADDRESS 101 CESSNA WAY
2.4 CITY-ST-ZIP MELROSE LANDING, FL 32666
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. DEAN A. HAYNES George Carlyon

3/18/95

Daytime Phone #