

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751410** (2)  
1. Corporation Name  
**MELROSE PARK PROPERTY OWNER'S ASSOCIATION, INC.**

Principal Place of Business <b>9366 TALWAY CIR. BOYNTON BCH. FL 33437 US</b>	Mailing Address <b>9366 TALWAY CIR. BOYNTON BCH. FL 33437-2712 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/06/1980</b>		3a. Date of Last Report <b>02/08/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2766712</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MOLLENGARDEN, PETER C C/O BECKER &amp; POLIAKOFF 500 AUSTRALIAN AVE S 9TH FLOOR WEST PALM BEACH FL 33401</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SANDERS, MARK			1.2 NAME	<del>MARK</del> LORENZEN, MARK		
STREET ADDRESS	9366 TALWAY CIR			1.3 STREET ADDRESS	9366 TALWAY Circle		
CITY-ST-ZIP	BOYNTON BCH. FL			1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MATTHEWS, KAREN A.			2.2 NAME	<del>MARK</del> GUILFORD, MARK		
STREET ADDRESS	9366 TALWAY CIR.			2.3 STREET ADDRESS	9366 TALWAY Circle		
CITY-ST-ZIP	BOYNTON BCH. FL			2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARVIN, CHARLES			3.2 NAME	HANLON, ANN		
STREET ADDRESS	9366 TALWAY CIR			3.3 STREET ADDRESS	9366 TALWAY Circle		
CITY-ST-ZIP	BOYNTON BEACH FL			3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	P	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LARUSSO, MONICA			4.2 NAME	BARBARA CASTLEN		
STREET ADDRESS	9366 TALWAY CIRCLE			4.3 STREET ADDRESS	9366 TALWAY Circle		
CITY-ST-ZIP	BOYNTON BEACH FL			4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	S	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANLON, ANN			5.2 NAME			
STREET ADDRESS	9366 TALWAY CIR			5.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FUCHS, RON			6.2 NAME			
STREET ADDRESS	9366 TALWAY CIRCLE			6.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			6.4 CITY-ST-ZIP			

14. I do 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 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: *Charles Sanders*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97

Date

Daytime Phone # 0042506

CR2E037 (9/96)