

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 770590**

1. Entity Name

**MELROSE AREA PROPERTY OWNERS' ASSOCIATION, INC.**Principal Place of Business  
**INC.  
412 NORTHEAST 16TH AVE.  
GAINESVILLE FL 32601**Mailing Address  
**126 MELROSE LANDING DR  
HAWTHORNE FL 32640  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2381211**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOSCANO, ANTONIO  
111 SLIPPER WAY  
HAWTHORNE FL 32640**

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.

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **FREELAND, EDWIN**  
STREET ADDRESS **191 WHIRLWIND**  
CITY-ST-ZIP **HAWTHORNE FL 32640**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☐ Delete  
NAME **TOSCANO, ANTONIO**  
STREET ADDRESS **111 SLIPPER WAY**  
CITY-ST-ZIP **HAWTHORNE FL 32640**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **TD** ☐ Delete  
NAME **OSTROWSKI, STANLEY**  
STREET ADDRESS **340 MELROSE LANDING BLVD**  
CITY-ST-ZIP **HAWTHORNE FL 32640**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/12/2001 (352) 475-5813**  
Date Daytime Phone #**FILED  
Jan 22, 2001 8:00 am  
Secretary of State**

01-22-2001 90108 038 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)