

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770590

1. Entity Name

MELROSE AREA PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

INC.
412 NORTHEAST 16TH AVE.
GAINESVILLE FL 32601

126 MELROSE LANDING DR
HAWTHORNE FL 32640
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & 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 PD ☒ Change ☐ Addition
NAME COLLINS, LARRY
STREET ADDRESS 153 Piper Drive
CITY-ST-ZIP Hawthorne, FL 32640

TITLE SD ☐ Delete
NAME TOSCANO, ANTONIO
STREET ADDRESS 111 SLIPPER WAY
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME OSTROWSKI, STANLEY
STREET ADDRESS 340 MELROSE LANDING BLVD
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE TD ☒ Change ☐ Addition
NAME BLANKENSHIP, Jerry
STREET ADDRESS 145 Hilltop Loop
CITY-ST-ZIP Hawthorne, FL 32640

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: ANTONIO TOSCANO 1/11/2002 (352) 475-5513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)