2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 04, 2004 8:00 am Secretary of State **DOCUMENT # 770590** 1. Entity Name 02-04-2004 90083 004 ****61.25 MELROSE AREA PROPERTY OWNERS' ASSOCIATION, Principal Place of Business Mailing Address 126 MELROSE LANDING DR HAWTHORNE FL 32640 ZAUUblat 126 MELROSE LANDING DR HAWTHORNE FL 32640 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2381211 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLANKENSHIP, Jerry SANDRIDGE, MCARTHUR JR Street Address (P.O. Box Number is Not Acceptable) 141 SILVER DOLLAR DR HAWTHORNE FL 32640 145 Hilltop Loop Zip Code 32640 Hawthorne 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. Jerry Blankenship, 01/28/2004 SIGNATURE gnature, typeds printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PO TITLE X Delete ☐ Addition TITLE PD Change COLLINS, LARRY BLANKENSHIP, Jerry NAME NAME 153 PIPER DRIVE STREET ADDRESS STREET ADDRESS 145 Hilltop Loop HAWTHORNE FL 32640 CITY-ST-ZIP CITY-ST-ZIP Hawthorne, FL 32640 TITLE X Delete X Change TITLE □ Addition SD SANDRIDGE, MCARTHUR JR NAME COLLINS, Larry 141 SILVER SLIPPER DR STREET ADDRESS STREET ADDRESS 153 Piper Drive HAWTHORNE FL 32640 CITY-ST-ZIP CITY-ST-ZIP Hawthorne, FL 32640 TITLE X Delete TITLE Change TD X Addition MORANT, Angela ---BLANKENSHIP, JERRY NAME NAME 102 Whirlwind Way 145 HILLTOP LOOP STREET ADDRESS STREET ADDRESS HAWTHORNE FL 32640 Hawthorne, FL 32640 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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changed, or on an attachment with an address, with all other like empowered 352-475-3563 01-28-04 SIGNATURE: ER OR DIRECTOR Daytime Phone #

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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

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