

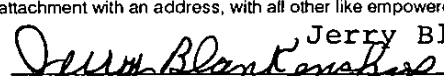


**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90009 034 \*\*\*\*61.25

|   |                    |   |   |   |  |
|---|--------------------|---|---|---|--|
| <b>DOCUMENT # 770590</b>  |                    |  |   | <b>Feb 08, 2005 8:00 am</b><br><b>Secretary of State</b><br>02-08-2005 90009 034 ****61.25      |  |
| 1. Entity Name<br><b>MELROSE AREA PROPERTY OWNERS' ASSOCIATION, INC.</b>  |                    |   |   |   |  |
| Principal Place of Business<br><b>126 MELROSE LANDING DR<br/>HAWTHORNE FL 32640</b>   |                    | Mailing Address<br><b>126 MELROSE LANDING DR<br/>HAWTHORNE FL 32640<br/>US</b>    |   |   |  |
| 2. Principal Place of Business<br><b>235 Melrose Landing Blvd.</b>  |                    | 3. Mailing Address  |   |              |  |
| Suite, Apt. #, etc.   |                    | Suite, Apt. #, etc.   |   | 1st MOORE CR2E037 (10/04)   |  |
| City & State<br><b>Hawthorne, FL</b>  |                    | City & State  |   | 4. FEI Number<br><b>59-2381211</b>  |  |
| Zip<br><b>32640</b>   |                    | Country<br><b>Putnam</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>BLANKENSHIP, JERRY<br/>145 HILLTOP LOOP<br/>HAWTHORNE FL 32640</b>  |                    |   |   | 7. Name and Address of New Registered Agent   |  |
|   |                    |   |   | Name  |  |
|   |                    |   |   | Street Address (P.O. Box Number is Not Acceptable)  |  |
|   |                    |   |   | City  |  |
|   |                    |   |   | <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.   |                    |   |   |   |  |
| SIGNATURE _____ DATE <b>02/01/2005</b>  |                    |   |   |   |  |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)   |                    |   |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>  |                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>  |   | <b>\$5.00 May Be Added to Fees</b>  |  |
|   |                    |   |   | <b>Make Check Payable to Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS  |                    |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
| TITLE   | PD                 | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | BLANKENSHIP, JERRY |   | NAME  |   |  |
| STREET ADDRESS  | 145 HILLTOP LOOP   |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | HAWTHORNE FL 32640 |   | CITY-ST-ZIP   |   |  |
| TITLE   | SD                 | <input checked="" type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | COLLINS, LARRY     |   | NAME  | RIVERS, LINDSEY   |  |
| STREET ADDRESS  | 145 HILLTOP LOOP   |   | STREET ADDRESS  | 113 Piper Drive   |  |
| CITY-ST-ZIP   | HAWTHORNE FL 32640 |   | CITY-ST-ZIP   | Hawthorne, FL 32640   |  |
| TITLE   | TD                 | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | MORANT, ANGELA     |   | NAME  |   |  |
| STREET ADDRESS  | 145 HILLTOP LOOP   |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | HAWTHORNE FL 32640 |   | CITY-ST-ZIP   |   |  |
| TITLE   |                    | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                    |   | NAME  |   |  |
| STREET ADDRESS  |                    |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                    |   | CITY-ST-ZIP   |   |  |
| TITLE   |                    | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                    |   | NAME  |   |  |
| STREET ADDRESS  |                    |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                    |   | CITY-ST-ZIP   |   |  |
| TITLE   |                    | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                    |   | NAME  |   |  |
| STREET ADDRESS  |                    |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                    |   | 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:   |                    |   | Date <b>02/01/2005</b> 352-475-3563                   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                    |   | Daytime Phone #                                       |   |  |