

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770590

FILED
Feb 11, 2009
Secretary of State

Entity Name: MELROSE AREA PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

235 MELROSE LANDING BLVD
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

235 MELROSE LANDING BLVD
HAWTHORNE, FL 32640 US

New Mailing Address:

FEI Number: 59-2381211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANKENSHIP, JERRY
145 HILLTOP LOOP
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

TOSCANO, ANTONIO
111 SLIPPER WAY
HAWTHORNE, FL 32640 US

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: ANTONIO TOSCANO

02/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FREELAND, EDWIN
Address: 215 WHIRLWIND LOOP
City-St-Zip: HAWTHORNE, FL 32640

Title: SD () Delete
Name: TOSCANO, ANTONIO
Address: 111 SLIPPER WY
City-St-Zip: HAWTHORNE, FL 32640

Title: TD () Delete
Name: RIVERS, LINDSEY
Address: 113 PIPER DR
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EADES, LAURA
Address: 235 MELROSE LANDING DRIVE
City-St-Zip: HAWTHORNE, FL 32640

Title: SD (X) Change () Addition
Name: TOSCANO, ANTONIO
Address: 111 SLIPPER WAY
City-St-Zip: HAWTHORNE, FL 32640

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO TOSCANO

SD

02/11/2009

Electronic Signature of Signing Officer or Director

Date