


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90830 013 ****61.25

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 126 Melrose Landing Dr.		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Hawthorne, Florida		City & State
Zip 32640	Country US	Zip 32640
Country US		Country
4. FEI Number 59-2381211		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TOSCANO, ANTONIO 111 SLIPPER WAY HAWTHORNE FL 32640		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCARTHUR SANDRIDGE, JR. 141 Silver Dollar Drive HAWTHORNE, FL 32640		
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.		



☐ CHECK HERE IF MAKING CHANGES

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, LARRY 153 PIPER DRIVE HAWTHORNE FL 32640 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOSCANO, ANTONIO 111 SLIPPER WAY HAWTHORNE FL 32640 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD MCARTHUR SANDRIDGE, JR. 141 SILVER DOLLAR DRIVE HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLANKENSHIP, JERRY 145 HILLTOP LOOP HAWTHORNE FL 32640 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 

CR2E037 (10/02)