

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735684

**FILED**  
**Mar 25, 2013**  
**Secretary of State**  
**CC2625703544**

**Entity Name:** MELBOURNE SHORES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

MELBOURNE SHORES  
MELBOURNE BEACH, FL 32951

**Current Mailing Address:**

P.O. BOX 510374  
MELBOURNE BEACH, FL 32951

**FEI Number: 59-2352923**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PIERCE, JULIE G  
311 6TH AVENUE  
INDIALANTIC, FL 32903 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PPD  
Name            O'BRIEN, CLETUS  
Address        120 PELICAN DRIVE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title            PD  
Name            BROWN, CURT  
Address        295 FLAMINGO DRIVE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title            TD  
Name            LAMENS, NANCY MS  
Address        230 HERON DRIVE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title            SD  
Name            BOWMAN, JUDY MS  
Address        6025 RIVERSIDE DRIVE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title            VP  
Name            HADJAR, VOLODIMIR  
Address        300 CARDINAL DRIVE  
City-State-Zip: MELBOURNE BEACH FL 32951

*I hereby 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 all other like empowered.*

**SIGNATURE: NANCY LAMENS**

**TREASURER**

**03/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date