2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701422

FILED Apr 28, 2005 Secretary of State

Entity Name: MELROSE BAY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

707 SEMINOLE ROAD 207 NW 35TH STREET

MELROSE, FL 32666 US GAINESVILLE, FL 32607 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1549 207 NW 35TH STREET

MELROSE, FL 32666 US GAINESVILLE, FL 32607 US

FEI Number: 59-2364491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GABOURY-JONES, EMITA PRUGH, ANNE S
707 SEMINOLE RIDGE ROAD 207 NW 35TH STREET

MELROSE, FL 32666 US GAINESVILLE, FL 32607 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: ANNE 04/28/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: GABOURY, EMITA Name: PRITCHETT, JENNIFER

 Address:
 P.O. BOX 1549
 Address:
 723 SEMINOLE RIDGE ROAD

 City-St-Zip:
 MELROSE, FL 32666
 City-St-Zip:
 MELROSE, FL 32666

Title: ST () Delete Title: V (X) Change () Addition

 Name:
 HAASE, JANET
 Name:
 WHITENER, DORIS

 Address:
 25608 DEVONIA ST
 Address:
 P.O. BOX 1323

 City-St-Zip:
 DELROSE, FL 32666
 City-St-Zip:
 MELROSE, FL 32666

Title: D () Delete Title: S/T (X) Change () Addition

 Name:
 SMITH, WALTON
 Name:
 PRUGH, ANNE

 Address:
 6435 LATCH STRING RD
 Address:
 207 NW 35TH STREET

 City-St-Zip:
 MELROSE, FL 32666
 City-St-Zip:
 GAINESVILLE, FL 32607

Title: D () Delete Title: D (X) Change () Addition

Name:LAWS, SMITHName:DAUER, ROSEMARYAddress:6116 TROUT STAddress:P.O. BOX 175

City-St-Zip: MELROSE, FL 32666 City-St-Zip: MELROSE, FL 32666

 Title:
 V
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 HARLEY, RUTH
 Name:
 CHIAPPINI, WILLIAM

 Address:
 P.O. BOX 433
 Address:
 25520 DEVONIA STREET

 City-St-Zip:
 MELROSE, FL 32666
 City-St-Zip:
 MELROSE, FL 32666

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 CHIAPPINI, MARLENI

 Address:
 Address:
 25520 DEVONIA STREET

 City-St-Zip:
 City-St-Zip:
 MELROSE, FL 32666

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANNE S/T 04/28/2005