

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # 701422

1. Entity Name
**MELROSE BAY PROPERTY OWNERS ASSOCIATION,
INC.**



Principal Place of Business
**6435 LATCHSTRING COURT
MELROSE, FL 32666 US**

Mailing Address
**6435 LATCHSTRING COURT
MELROSE, FL 32666 US**



02012007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2364491

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, VIRGINIA
6435 LATCHSTRING COURT
MELROSE, FL 32666**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CHIAPPINI, WILLIAM
25520 DEVONIA STREET
MELROSE, FL 32666**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WHITENER, DORIS
P.O. BOX 1323
MELROSE, FL 32666**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/T
SMITH, VIRGINIA
6435 LATCHSTRING COURT
MELROSE, FL 32666**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PRITCHETT, JENNIFER
723 SEMINOLE RIDGE ROAD
MELROSE, FL 32666**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WHITENER, HARRY
P.O. BOX 1323
MELROSE, FL 32666**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Virginia Smith Virginia Smith 2/4/07 475-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #