

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701422

FILED  
Apr 07, 2008  
Secretary of State

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

**Current Principal Place of Business:**

6435 LATCHSTRING COURT  
MELROSE, FL 32666 US

**New Principal Place of Business:**

**Current Mailing Address:**

6435 LATCHSTRING COURT  
MELROSE, FL 32666 US

**New Mailing Address:**

**FEI Number:** 59-2364491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, VIRGINIA  
6435 LATCHSTRING COURT  
MELROSE, FL 32666 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHIAPPINI, WILLIAM  
Address: 25520 DEVONIA STREET  
City-St-Zip: MELROSE, FL 32666

Title: V ( ) Delete  
Name: WHITENER, DORIS  
Address: P.O. BOX 1323  
City-St-Zip: MELROSE, FL 32666

Title: S/T ( ) Delete  
Name: SMITH, VIRGINIA  
Address: 6435 LATCHSTRING COURT  
City-St-Zip: MELROSE, FL 32666

Title: D ( ) Delete  
Name: PRITCHETT, JENNIFER  
Address: 723 SEMINOLE RIDGE ROAD  
City-St-Zip: MELROSE, FL 32666

Title: D ( ) Delete  
Name: WHITENER, HARRY  
Address: P.O. BOX 1323  
City-St-Zip: MELROSE, FL 32666

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: D (X) Change ( ) Addition  
Name: LAWS, ELOISE  
Address: 6116 TROUT ST.  
City-St-Zip: MELROSE, FL 32666

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: VIRGINIA SMITH

S/T

04/07/2008

Electronic Signature of Signing Officer or Director

Date