


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90043 004 ****61.25

DOCUMENT # 739190			
1. Entity Name PORT MALABAR HOLIDAY PARK PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 215 HOLIDAY PARK BLVD., N.E. PALM BAY FL 32907		Mailing Address 215 HOLIDAY PARK BLVD., N.E. PALM BAY FL 32907	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

54028648



MOORE CR2E037 (11/03)

4. FEI Number 59-1778604		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DENTON, DORIS 215 HOLIDAY PARK BLVD PALM BAY FL 32907		7. Name and Address of New Registered Agent Name ZELMA BROWN Street Address (P.O. Box Number is Not Acceptable) 215 HOLIDAY PARK BLVD City PALM BAY FL Zip Code 32907	
---	--	--	--

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 *Zelma M. Brown* Treas. DATE **4-5-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DCP	<input checked="" type="checkbox"/> Delete	TITLE	DCP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEACH, JEAN		NAME	MATTON, PHIL	
STREET ADDRESS	1090 MMONLIGHT CT		STREET ADDRESS	265 HOLIDAY PARK BLVD. N.E	
CITY-ST-ZIP	PALM BAY FL 32907		CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE	DIVC	<input checked="" type="checkbox"/> Delete	TITLE	BROWN, ZELMA TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ZELMA		NAME	ZELMA BROWN	
STREET ADDRESS	266 HOLIDAY PARK BLVD		STREET ADDRESS	266 HOLIDAY PARK BLVD N.E	
CITY-ST-ZIP	PALM BAY FL 32907		CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	DIVC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, MARION		NAME	FRENCH PATRICIA	
STREET ADDRESS	1158 GREENVIEW CT		STREET ADDRESS	1141 FLORAL COURT N.E	
CITY-ST-ZIP	PALM BAY FL 32907		CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Lester, Nettie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLSOM, CALVIN		NAME	NETTIE LESTER	
STREET ADDRESS	276 FANTASY CT		STREET ADDRESS	1256 DUNE CT.	
CITY-ST-ZIP	PALM BAY FL 32907		CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLAN, ED		NAME	JOANNE GAUGHAN	
STREET ADDRESS	1060 LITTLE CT		STREET ADDRESS	241 BERRY CT NE	
CITY-ST-ZIP	PALM BAY FL 32907		CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Zelma M. Brown* Treas. 321-956-8652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Day 4/5/04 Daytime Phone #