MP

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Apr 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **739864** **(7)**

1. Corporation Name

MELROSE WATER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
425 STATE RD 26 P.O. BOX 220 MELROSE FL 32666 US	P.O. BOX 220 P.O. BOX 220 MELROSE FL 32666-0220 US

3. Date Incorporated or Qualified: 08/09/1977
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business
21: 141 Richardson Ln.
22: Suite, Apt. #, etc.
23: City & State: Melrose, Fl
24: Zip: 32666
25: Country: Putnam

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-2253173 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TISDALE, RICHARD M.
STATE ROAD 26 EAST
MELROSE FL 32666

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	MUIR, SARAH LOU, DR.		1.2 NAME	Fred Neldner	
STREET ADDRESS	SEMINOLE RIDGE RD. #703		1.3 STREET ADDRESS	Rt 2, Box 2006 A6 Letchstring Rd	
CITY-ST-ZIP	MELROSE FL		1.4 CITY-ST-ZIP	Melrose, Fl 32666	
TITLE	P-D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REID, TILLERY		2.2 NAME		
STREET ADDRESS	P.O. BOX 526 N/A , 142 Pearsall Cir.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL 32666		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CAIN, BENSON		3.2 NAME		
STREET ADDRESS	SEMINOLE RIDGE ROAD #719		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL		3.4 CITY-ST-ZIP		
TITLE	VP-D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTENSEN, PATTI		4.2 NAME		
STREET ADDRESS	24 CATHEDRAL PL., SUITE 506		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32084		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	BK Dep # 61.25	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

DW 4-22-97

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DR. SARAH LOU MUIR SIGNATURE REQUIRED Sarah L. Muir 4/1/97 352 475 2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #