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Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 US

3. Date Incorporated or Qualified: 08/09/1977

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TISDALE, RICHARD M. STATE ROAD 26 EAST MELROSE FL 32666	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		☐ Change ☐ Addition
NAME	MUIR, SARAH LOU, DR.		1.2 NAME		
STREET ADDRESS	SEMINOLE RIDGE RD. #703		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	REID, TILLERY		2.2 NAME	Cain, Benson Rev.	
STREET ADDRESS	142 PEARSALL CIRCLE		2.3 STREET ADDRESS	719 Seminole Ridge Rd.	
CITY-ST-ZIP	MELROSE FL 32666		2.4 CITY-ST-ZIP	Melrose FL 32666	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NELDNER, FRED		3.2 NAME		
STREET ADDRESS	RT. 2 BOX 2006 A6 LATCHSTRING ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL 32666		3.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	CHRISTENSEN, PATTI		4.2 NAME	Smith, Nick	
STREET ADDRESS	24 CATHEDRAL PL., SUITE 506		4.3 STREET ADDRESS	6406 Latchstring Lane	
CITY-ST-ZIP	ST AUGUSTINE FL 32084		4.4 CITY-ST-ZIP	Melrose FL 32666	
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		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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: Benson Cain 1-29-98

CR2E037 (10/97)