2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
04-06-2005 90109 012 ****61.25

DOCUMENT # 739864

1. Entity Name
MELROSE WATER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~425 STATE RD 26~~ 141 Richardson Lane P.O. BOX 220 MELROSE, FL 32666 US	P.O. BOX 220 P.O. BOX 220 MELROSE, FL 32666 US

01072005 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

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

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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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, NICK
STREET ADDRESS	6406 LATCHSTRING LN
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	VD
NAME	WHITENER, HARRY
STREET ADDRESS	25416 PINE ST
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	SD
NAME	PEASE, PAMELA
STREET ADDRESS	P.O. BOX 614
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	TD
NAME	NUIR, SARAH L DR. Muir, Sarah L. Dr.
STREET ADDRESS	P.O. BOX 189
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Pamela Pease ~~Pamela Pease~~ March 28, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #