2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 27, 2008 8:00 am Secretary of State 05-27-2008 90041 027 ****61.25

DOCUMENT # 743383

1. Entity Name



Enclosed Place of Business PO BOX 372935 SATELLITE BEACH, FL 32937-0935 US 2. Principal Place of Business - No PO. Box # P P BOX 372935 SATELLITE BEACH, FL 32937-0935 US 2. Principal Place of Business - No PO. Box # D P BOX 372935 SATELLITE BEACH, FL 32937-0935 US 2. Principal Place of Business - No PO. Box # D P BOX 372935 SATELLITE BEACH, FL 32937-0935 US 2. Principal Place of Business - No PO. Box # D P BOX 372935 SATELLITE BEACH, FL 32937-0935 US 2. Principal Place of Business - No PO. Box # D P BOX 372935 SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937 2. Principal Place of Business - No PO. Box # D P BOX 372935 SATELLITE BEACH, FL 32937 3. Main'ry Address of Courter Registered Agent 1. Name and Address of Courter Registered Agent 1. Name and Address of No P Box Box # D P BOX 372935 SATELLITE BEACH, FL 32937 3. A Table Place Pl	MELBOL	REE HOMEOWNERS ASSO JRNE	SIATION, INC. OF			40				
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Country S. Cardificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Non POSSEN, AMY 8. 476 HWY, A1, STE 3.4 SATELLITE BEACH, FL 32937 8. The above named entity submits the statement for the purpose of changing his registered diffice or registered agent, or both, in the State of Fiords. I am familiar with, and accept the equipations of registered agent, or both, in the State of Fiords. I am familiar with and accept the equipations of registered agent, or both, in the State of Fiords. I am familiar with and accept the equipations of registered agent, or both, in the State of Fiords. I am familiar with and accept the equipations of registered agent, or both, in the State of Fiords. I am familiar with and accept the equipations of registered agent, or both, in the State of Fiords. I am familiar with and accept the short and the state of Fiords and the state of Fiords. I am familiar with and accept the short and the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with and accept the state of Fiords. I am familiar with	City & Sta	te	Cocoa Be	uel F	=					
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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 on rustee empewered 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 adachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR