SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:00

DOCUMENT # 751410 (2)

1. Corporation Name
MELROSE PARK PROPERTY OWNER'S ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9366 TALWAY CIR. BOYNTON BCH. FL 33437 US	9366 TALWAY CIR. BOYNTON BCH. FL 33437 US

3. Date Incorporated or Qualified: 03/06/1980
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2766712 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BECKER 7 POLIAKOFF P.A.
450 AUSTRALIAN AVE., S.
SEVENTH FLOOR
W PALM BCH. FL 33401

10. Name and Address of New Registered Agent

81 Name: Peter C. Mollengarden, c/o Becker & Poliakoff
82 Street Address (P.O. Box Number is Not Acceptable): 500 Australian Avenue South, 9th Floor
83
84 City: West Palm Beach FL 85 Zip Code: 33401

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 _____ 6/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☐ Change ☒ Addition
NAME	SANDERS, MARK	12 NAME	LARUSSO, MONICA	
STREET ADDRESS	9366 TALWAY CIR	13 STREET ADDRESS	9366 TALWAY CIRCLE	
CITY-ST-ZIP	BOYNTON BCH. FL	14 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	PD	21 TITLE	V	☐ Change ☒ Addition
NAME	MATTHEWS, KAREN A.	22 NAME	KOVAL, CHARLES	
STREET ADDRESS	9366 TALWAY CIR.	23 STREET ADDRESS	9366 TALWAY CIRCLE	
CITY-ST-ZIP	BOYNTON BCH. FL	24 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	T	31 TITLE	D	☐ Change ☒ Addition
NAME	SANDERS, TINA	32 NAME	FUCILS, RON	
STREET ADDRESS	9366 TALWAY CIR.	33 STREET ADDRESS	9366 TALWAY CIRCLE	
CITY-ST-ZIP	BOYNTON BCH FL	34 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		41 TITLE	D	☒ Change ☐ Addition
NAME		42 NAME	MATTHEWS, KAREN	
STREET ADDRESS		43 STREET ADDRESS	9366 TALWAY CIRCLE	
CITY-ST-ZIP		44 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		51 TITLE	T	☒ Change ☐ Addition
NAME		52 NAME	RAVIN, CHARLES	
STREET ADDRESS		53 STREET ADDRESS	9366 TALWAY CIRCLE	
CITY-ST-ZIP		54 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		61 TITLE	S	☐ Change ☒ Addition
NAME		62 NAME	HANLON, ANN	
STREET ADDRESS		63 STREET ADDRESS	9366 TALWAY CIRCLE	
CITY-ST-ZIP		64 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011517