

FILE NOW: FILING FEE IS \$61.25

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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751410** (2)
1. Corporation Name
MELROSE PARK PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business 9366 TALWAY CIR. BOYNTON BCH. FL 33437 US	Mailing Address 9366 TALWAY CIR. BOYNTON BCH. FL 33437-2712 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/06/1980		3a. Date of Last Report 02/08/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2766712		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOLLENGARDEN, PETER C C/O BECKER & POLIAKOFF 500 AUSTRALIAN AVE S 9TH FLOOR WEST PALM BEACH FL 33401				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☒ DELETE		1.1 TITLE	D	☐ Change ☒ Addition	
NAME	SANDERS, MARK			1.2 NAME	MARK LORENZEN, MARK		
STREET ADDRESS	9366 TALWAY CIR			1.3 STREET ADDRESS	9366 TALWAY CIR		
CITY-ST-ZIP	BOYNTON BCH. FL			1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	D	☒ DELETE		2.1 TITLE	D	☐ Change ☒ Addition	
NAME	MATTHEWS, KAREN A.			2.2 NAME	MARK GUILFORD, MARK		
STREET ADDRESS	9366 TALWAY CIR.			2.3 STREET ADDRESS	9366 TALWAY CIR		
CITY-ST-ZIP	BOYNTON BCH. FL			2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	T	☐ DELETE		3.1 TITLE	D, P	☒ Change ☐ Addition	
NAME	PARVIN, CHARLES			3.2 NAME	HANLON, ANN		
STREET ADDRESS	9366 TALWAY CIR			3.3 STREET ADDRESS	9366 TALWAY CIR		
CITY-ST-ZIP	BOYNTON BEACH FL			3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	P	☒ DELETE		4.1 TITLE	S	☒ Change ☒ Addition	
NAME	LARUSSO, MONICA			4.2 NAME	BARBARA CASTEN		
STREET ADDRESS	9366 TALWAY CIRCLE			4.3 STREET ADDRESS	9366 TALWAY CIR		
CITY-ST-ZIP	BOYNTON BEACH FL			4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	S	☒ DELETE		5.1 TITLE		☒ Change ☐ Addition	
NAME	HANLON, ANN			5.2 NAME			
STREET ADDRESS	9366 TALWAY CIR			5.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			5.4 CITY-ST-ZIP			
TITLE	D	☒ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME	FUCHS, RON			6.2 NAME			
STREET ADDRESS	9366 TALWAY CIRCLE			6.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			6.4 CITY-ST-ZIP			

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: *Charles Sanders* **Charles Sanders** 2/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042506

CR2E037 (9/96)