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NONPROFIT CORPORATION ANNUAL REPORT · 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90139 024 ****61.25

DOCUMENT # 751410

1. Corporation Name

MELROSE PARK PROPERTY OWNER'S ASSOCIATION, INC.

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed 03/06/1980
21	26	4. FEI Number 59-2766712 / Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
City & State 23	City & State 28	
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
MOLLENGARDEN, PETER C C/O BECKER & POLIAKOFF 500 AUSTRAL;IAN AVE S 9TH FLOOR WEST PALM EBAHC FL 33401	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 _____

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

CR2E037 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D / NAME LORENZEN, MARK / STREET ADDRESS 9366 TALWAY CIRCLE / CITY-ST-ZIP BOYNTON BEACH FL	☒ DELETE	1.1 TITLE D/V / 1.2 NAME RICHARD FISHER / 1.3 STREET ADDRESS 9366 TALWAY CIRCLE / 1.4 CITY-ST-ZIP BOYNTON BEACH FL 33437	☐ Change ☒ Addition
TITLE DV / NAME GUILFORD, MARK / STREET ADDRESS 9366 TALWAY CIR / CITY-ST-ZIP BOYNTON BCH. FL	☒ DELETE	2.1 TITLE T / 2.2 NAME SHERRY BOWSER / 2.3 STREET ADDRESS 9366 TALWAY CIRCLE / 2.4 CITY-ST-ZIP BOYNTON BEACH FL 33437	☐ Change ☒ Addition
TITLE T / NAME PARVIN, CHARLES / STREET ADDRESS 9366 TALWAY CIR / CITY-ST-ZIP BOYNTON BEACH FL	☒ DELETE	3.1 TITLE D / 3.2 NAME JOHN REIS / 3.3 STREET ADDRESS 9366 TALWAY CIRCLE / 3.4 CITY-ST-ZIP BOYNTON BEACH FL 33437	☐ Change ☒ Addition
TITLE S / NAME CASTLEN, BARBARA / STREET ADDRESS 9366 TALWAY CIRCLE / CITY-ST-ZIP BOYNTON BEACH FL	☒ DELETE	4.1 TITLE D/P/S / 4.2 NAME ANN HANLON / 4.3 STREET ADDRESS 9366 TALWAY CIRCLE / 4.4 CITY-ST-ZIP BOYNTON BEACH FL 33437	☐ Change ☒ Addition
TITLE DP / NAME HANLON, ANN / STREET ADDRESS 9366 TALWAY CIR / CITY-ST-ZIP BOYNTON BEACH FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: _Ann Hanlon, President/Director_ ANN HANLON 3-6-99 561-369-0285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #