


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90033 033 ****61.25

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # 751410 1. Entity 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 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2766712 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| ROSELLI, KAREN E P.A. 2740 HAMPTON CIRCLE EAST 222 LAKE VIEW AVE DELRAY BEACH, FL 33445 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COSTANZA, SUSAN | | NAME | | |
| STREET ADDRESS | 9366 TALWAY CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | CITY-ST-ZIP | | |
| TITLE | V <input checked="" type="checkbox"/> Delete | | TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | JENSON, ELLEN | | NAME | ROCCO PALERMO | |
| STREET ADDRESS | 9366 TALWAY CIR | | STREET ADDRESS | 9366 TALWAY CIR | |
| CITY-ST-ZIP | BOYNTON BCH., FL 33437 | | CITY-ST-ZIP | BOYNTON Bch FL 33437 | |
| TITLE | TD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BURNS, MIKE | | NAME | | |
| STREET ADDRESS | 9366 TALWAY CIR | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | CITY-ST-ZIP | | |
| TITLE | S <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VERHELST, NANCY | | NAME | | |
| STREET ADDRESS | 9366 TALWAY CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | CITY-ST-ZIP | | |
| TITLE | DP <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DZIKI, MARIANNE | | NAME | | |
| STREET ADDRESS | 9366 TALWAY CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <u>Michael Burns</u> Michael Burns <u>4/8/04</u> <u>561 737 3911</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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