



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90310 037 ****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 9369 Talway Circle		3. Mailing Address 9369 Talway Circle		 03022005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2766712				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSELLI, KAREN E.P.A. 2740 HAMPTON CIRCLE EAST 222 LAKE VIEW AVE DELRAY BEACH, FL 33445			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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, 2005		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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COSTANZA, SUSAN	NAME			
STREET ADDRESS	9366 TALWAY CIRCLE	STREET ADDRESS	9369		
CITY - ST - ZIP	BOYNTON BEACH, FL 33437	CITY - ST - ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PALERMO, ROCCO	NAME	x		
STREET ADDRESS	9366 TALWAY CIR	STREET ADDRESS	9369		
CITY - ST - ZIP	BOYNTON BCH., FL 33437	CITY - ST - ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURNS, MIKE	NAME			
STREET ADDRESS	9366 TALWAY CIR	STREET ADDRESS	9369		
CITY - ST - ZIP	BOYNTON BEACH, FL 33437	CITY - ST - ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VERHELST, NANCY	NAME	S		
STREET ADDRESS	9366 TALWAY CIRCLE	STREET ADDRESS	Moore, Madison		
CITY - ST - ZIP	BOYNTON BEACH, FL 33437	CITY - ST - ZIP	9369 Talway Circle		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DZIKI, MARIANNE	NAME	Boynton Beach FL 33437		
STREET ADDRESS	9366 TALWAY CIRCLE	STREET ADDRESS			
CITY - ST - ZIP	BOYNTON BEACH, FL 33437	CITY - ST - ZIP	9369		
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: <i>Marianne Dzik</i> MARIANNE DZIKI 3/2/05 561-445-2567 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					