

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90123 019 ****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**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ROSELLI, KAREN E P.A.
SUITE 260 ESPERANTE BLDG
222 LAKE VIEW AVE
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

Roselli, Karen E. P.A.

Street Address (P.O. Box Number is Not Acceptable)

2740 HAMPTON CIRCLE EAST

City

Del Ray Bch.

FL

Zip Code

33445

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	COSTANZA, SUSAN	
STREET ADDRESS	9366 TALWAY CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINK, KAREN	
STREET ADDRESS	9366 TALWAY CIR	
CITY-ST-ZIP	BOYNTON BCH. FL 33437	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BURNS, MIKE	
STREET ADDRESS	9366 TALWAY CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	EGERT, DAVE	
STREET ADDRESS	9366 TALWAY CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	S	<input type="checkbox"/> Delete
NAME	DZIKI, MARIANNE	
STREET ADDRESS	9366 TALWAY CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUE COSTANZA	
STREET ADDRESS	9366 TALWAY CIRCLE	
CITY-ST-ZIP	BOYNTON BCH FL 33437	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLEN JENSON	
STREET ADDRESS	9366 TALWAY CIRCLE	
CITY-ST-ZIP	BOYNTON Bch FL 33437	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS MIKE	
STREET ADDRESS	9366 TALWAY CIRCLE	
CITY-ST-ZIP	BOYNTON Bch FL 33437	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERHEIST NANCY	
STREET ADDRESS	9366 TALWAY CIRCLE	
CITY-ST-ZIP	BOYNTON Bch FL 33437	
TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DZIKI MARIANNE	
STREET ADDRESS	9366 TALWAY CIRCLE	
CITY-ST-ZIP	BOYNTON Bch FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Michael Burns

4-25-03

561 737 3911

CR2E037 (10/02)