2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
03-30-2005 90036 021 ****61.25

DOCUMENT # 766947

1. Entity Name
MELROSE BUSINESS AND COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 1301, SR 21 MELROSE, FL 32666-1301	PO BOX 1301, SR 21 MELROSE, FL 32666-1301

03082005 Chg-NP CR2E037 (10/03)

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 59-2350443 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDREWS, RONDA 25501 NE SR 26 MELROSE, FL 32666	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 Ronda Andrews 3-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANDREWS, RONDA 25501 NE SR 26 MELROSE, FL 32666	☐ Delete	NP Talarico, Sandra ~~PO BOX 1301~~ 103 Highlands Court Melrose Fl 32666	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RUDD, DOUGLAS L 6240 PAYNE RD KEYSTONE HEIGHTS, FL 32656	☑ Delete	D miller, myron ~~PO BOX 1779~~ 5411 NE 255th Drive Melrose Fl. 32666	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SOKOL, PETER 6118 HAMPTON ST MELROSE, FL 32666	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD O'BRYAN, ED P.O. BOX 1801 MELROSE, FL 32666	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SMITH, WALTON 6435 LATENSTRING CT. MELROSE, FL 32666	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORR, NATALIE ~~PO BOX 1656~~ 6202 Hampton ST MELROSE, FL 32666	☐ Delete		☐ Change ☐ Addition

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: Ronda Andrews 3/25/05 352 475 1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #