

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90221 043 ****61.25

DOCUMENT # 766947 1. Entity Name MELROSE BUSINESS AND COMMUNITY ASSOCIATION, INC.					
Principal Place of Business PO BOX 1301, SR 21 MELROSE, FL 32666-1301			Mailing Address PO BOX 1301, SR 21 MELROSE, FL 32666-1301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
04222006 Chg-NP CR2E037 (11/05)					
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 Corr, Natalie B. Street Address (P.O. Box Number is Not Acceptable) 6202 Hampton St. P.O. Box 1056 City Melrose FL Zip Code 32666		
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 Natalie B. Corr Natalie B. Corr 4/24/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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	TD	☒ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	ANDREWS, RONDA		NAME	Corr, Natalie	
STREET ADDRESS	25501 NE SR 26		STREET ADDRESS	6202 Hampton St.	
CITY-ST-ZIP	MELROSE, FL 32666		CITY-ST-ZIP	Melrose, FL 32666	
TITLE	VP	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	TELARICO, SANDRA		NAME	Telarico, Sandra	
STREET ADDRESS	103 HIGHLANDS COURT		STREET ADDRESS	103 Highlands Court	
CITY-ST-ZIP	MELROSE, FL 32666		CITY-ST-ZIP	Melrose, FL 32666	
TITLE	PD	☐ Delete	TITLE	VP	☐ Change ☒ Addition
NAME	SOKOL, PETER		NAME	Warren, Kathie	
STREET ADDRESS	6118 HAMPTON ST		STREET ADDRESS	601 Seminole Pk Rd.	
CITY-ST-ZIP	MELROSE, FL 32666		CITY-ST-ZIP	Melrose, FL 32666	
TITLE	ID	☐ Delete	TITLE	DS	☐ Change ☐ Addition
NAME	MILLER, MYRON		NAME	Smith, Walton	
STREET ADDRESS	5411 NE 255TH DR		STREET ADDRESS	6435 Latchstring Ct.	
CITY-ST-ZIP	MELROSE, FL 32666		CITY-ST-ZIP	Melrose, FL 32666	
TITLE	DS	☐ Delete	TITLE	D-Sokol, Peter	☒ Change ☐ Addition
NAME	SMITH, WALTON		NAME	6118 Hampton St.	
STREET ADDRESS	6435 LATENSTRING CT.		STREET ADDRESS	Melrose, FL 32666	
CITY-ST-ZIP	MELROSE, FL 32666		CITY-ST-ZIP	Melrose, FL 32666	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	CORR, NATALIE		NAME	Carson, Chris	
STREET ADDRESS	6202 HAMPTON ST		STREET ADDRESS	6470 Brooklyn Bay Rd.	
CITY-ST-ZIP	MELROSE, FL 32666		CITY-ST-ZIP	Keystone Heights, FL 32656	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Natalie B. Corr Natalie B. Corr 4/24/06 352-475-1488 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					