2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State
05-07-2007 90054 007 ****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

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	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
CORR, NATALIE B 6202 HAMPTON STREET P.O. BOX 1056 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 Natalie B. Corr 4/26/07
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
Due By May 1, 2007

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 CORR, NATALIE 6202 HAMPTON STREET MELROSE FL 32666	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TELARICO, SANDRA 103 HIGHLANDS COURT MELROSE FL 32666	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Judy McLaren 105 State Rd. 26 Melrose, Fl 32666	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOKOL, PETER 6118 HAMPTON ST MELROSE FL 32666	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, MYRON 5411 NE 255TH DR MELROSE FL 32666	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Philip M. Payne 6011 Dogwood Lane Melrose, Fl 32666	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SMITH, WALTON 6435 LATENSTRING CT. MELROSE FL 32666	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WARREN, KATHI 601 SEMINOLE RIDGE ROAD MELROSE FL 32666	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Richard Harris 5808 Hampton St. Melrose, Fl 32666	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 4/26/07 352-475-1488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #