2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 766947

Entity Name: MELROSE BUSINESS AND COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1301, SR 21
MELROSE, FL 326661301

New Principal Place of Business:

105 SR 26
MELROSE, FL 326661301

Current Mailing Address:

PO BOX 1301, SR 21
MELROSE, FL 326661301

New Mailing Address:

P.O. BOX 1301
MELROSE, FL 326661301

FEI Number: 59-2350443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORR, NATALIE B
6202 HAMPTON STREET
P.O. BOX 1056
MELROSE, FL 32666 US

Name and Address of New Registered Agent:

CORR, NATALIE B
105 SR 26
MELROSE, FL 32666 US

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.

SIGNATURE: _____ 04/27/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: CORR, NATALIE
Address: 6202 HAMPTON STREET
City-St-Zip: MELROSE, FL 32666

Title: PD ( ) Delete
Name: MACLAREN, JUDY
Address: 105 ST. RD. 26
City-St-Zip: MELROSE, FL 32666

Title: D ( ) Delete
Name: PAYNE, PHILLIP M
Address: 6011 DOGWOOD LN.
City-St-Zip: MELROSE, FL 32666

Title: DS ( ) Delete
Name: SMITH, WALTON
Address: 6435 LATENSTRING CT.
City-St-Zip: MELROSE, FL 32666

Title: D ( ) Delete
Name: HARRIS, RICHARD
Address: 5808 HAMPTEN ST.
City-St-Zip: MELROSE, FL 32666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: SMITH, WALTON
Address: 6435 LATCHSTRING CT.
City-St-Zip: MELROSE, FL 32666

Title: D (X) Change ( ) Addition
Name: HARRIS, RICHARD
Address: 5808 HAMPTON ST.
City-St-Zip: MELROSE, FL 32666

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY MACLAREN PRES 04/27/2009
Electronic Signature of Signing Officer or Director — Date