2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000000427

1. Entity Name
MELROSE LANDING AT EDEN LAKES HOMEOWNERS
ASSOCIATION, INC.



FILED Mar 20, 2008 8:00 am **Secretary of State** 03-20-2008 90024 040 ****61.25

AGGGIATION, INC.				
Principal Plac C/O COURTE 13250 SW 1 MIAMI, FL 3	SY PROPERTY MANAGEMENT 35 AVE	Mailing Address C/O COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVE MIAMI, FL 33186		5000085
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03142008 Chg-NP CR2E037 (12/06)
City & State		City & State		4. FEI Number Applied For 65-1016584 Not Applicable
Zip	Country	Zip	Country	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
ROBERT KAYE & ASSOCIATES, P.A. 6261 NW 6TH WAY, SUITE 103 FORT LAUDERDALE, FL 33309			Suite	SKRLD Inc Idjess (P.O. Box Number is Not Acceptable) , Plhambra Circle e //02
A The shove	named entity submits this statement for	or the number of changing its re		registered agent, or both, in the State of Florida. I am familiar with, and accept
	ions of registered agent.	or the perpose of changing its re	agisterad office or h	registered agent, or both, in the state of Florida. Tariffamiliar with, and accept
SIGNATURE .	SKRLD, Inc.	by Lisa A. Le	rner.	Secretary 3408
	Signature, typed or printed name of registered agent	and the # applicable. (NOTE:	Registered Agent signature	e required when retratating) DATE
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees Horida Department of State
10.	OFFICERS AND DI		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CETY-ST-ZEP	VPD BERTOT, ALEX 16021 SW 43 TERRACE MIAMI, FL 33185	t X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Change Whodillon Rey Cabriales 160435W446ane miami FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, JR., MANUEL 4358 SW 161 PLACE MIAMI, FL 33185	⊠ Delete	NAME	Vice President Alexander Jorge yuful swillowert miani. FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESCOBAR, ROBERTO 4413 SW 161 PATH MIAMI, FL 33185	⊠ Coelete	NAME STREET ADDRESS	Sicretary Dixon Rodinguez 4449 Swilbo Court miam; FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MELENDEZ, ADALBERTO 4350 SW 161 PLACE MIAMI, FL 33185	S⊄ De lete	TITLE NAME STREET ADDRESS	Treasurer 5ulio ocampo 1402 Sul 43 Terrace miam; FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABIADA, JOSE 4465 SW 160 CT MIAMI, FL 33185	Dockte		Director Janine Bertot Tanine Bertot 14071 Sei 43 Terrace Miani Fl 33185
TITLE NAME STREET ADDRESS	D ALFONSO, OSMANY 16001 SW 43 TERR	Delete	TITLE NAME STREET ADDRESS	Director Change PAddition magaly FRILE 14972 Sw. 43 Terrace

AIY-ST-ZP MIAMI, FL 33185

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 attachingly with an address, with either like empowered.

SIGNATURE: 4

KRINALOS CABRIALES PRESIDENT

14/08 30-607.7

2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N00000000427 MELROSE LANDING AT EDEN LAKES HOMEOWNERS ASSOCIATION, INC. ATTACHMENT Principal Place of Business Mailing Address C/O COURTESY PROPERTY MANAGEMENT C/O COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVE 13250 SW 135 AVE 50000085 MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182008 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 65-1016584 City & State City & State Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT KAYE & ASSOCIATES, P.A. 6261 NW 6TH WAY, SUITE 103 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33309 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State -Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VPD TITLE ☐ Delete TITLE ☐ Change Addition BEATOT, ALEX NAME NAME 1602 SW 43 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, L 33185 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition GONZALEZ, JR., MANUEL NAME NAME STREET ADDRESS 4358 SW 161 RLACE STREET ADDRESS MIAMI, FL 3318 CITY+ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE ESCOBAR, ROBERTO NAME NAME STREET ADDRESS 4413 SW 161 PATH STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33185 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE MELENDEZ, ADALBERTO NAME NAME 4350 SW 161 PLACE STREET ADDRESS STREET ADDRESS MIAMI, FL 33185 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE LABIADA, JOSE NAME NAME STREET ADDRESS 4465 SW 160 CT STREET ADDRESS MIAMI, FL 33185 CITY-ST-ZIP CITY-ST-ZIP Addition DIRECTOR ☐ Change Delete TITLE ALFONSO, OSMANY NAME NAME 16001 SW 43 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33185 CITY-ST-ZIP 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 of 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 my name appears in Block 10 or Block 11 if changed, or on an attachment my name appears. EX BRINALDO CABRIALES PARSIDENT 3/14/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-607-7990