

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000004284**

1. Entity Name  
**MCH PROPERTY ASSOCIATION, INC.**



Principal Place of Business  
**870 CIDCO ROAD  
COCOA, FL 32926**

Mailing Address  
**PO BOX 237025  
COCOA, FL 32923**



05012007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3738083</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MENYHART, ANDREW W  
160 MCLEOD STREET  
MERRITT ISLAND, FL 32953**

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COXWELL, DALE 870 CIDCO ROAD COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD MALLARD, ARNOLD 2955 LAKE DRIVE COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COXWELL, PHILLIP 870 CIDCO ROAD COCOA, FL 32926
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U00000760573  
05/25/07-80018-012 70.00

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IN THIS SPACE**

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:**

*Cal Yell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/2007*  
Date

*321-632-8228*  
Daytime Phone #