

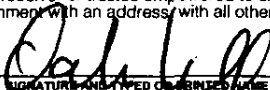


FILED
Apr 04, 2008 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # N00000004284 1. Entity Name MCH PROPERTY ASSOCIATION, INC.</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business 870 CIDCO ROAD COCOA, FL 32926</div><div>Mailing Address PO BOX 237025 COCOA, FL 32923</div></div>		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">Apr 04, 2008 08:0</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">Secretary of St</div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;">03282008 No Chg-NPCR2E037 (4/06)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number 59-3738083</div><div>Applied For <input checked="" type="checkbox"/> Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MENYHART, ANDREW W 160 MCLEOD STREET MERRITT ISLAND, FL 32953	<div style="font-size: 1.5em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>	
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.		
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div><small>(NOTE: Registered Agent signature required when retesting)</small></div></div>		
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<div style="font-weight: bold; font-size: 1.2em;">000000882405</div> <div style="font-weight: bold; font-size: 1.2em;">04/10/08 00023 012 70.00</div>
10. OFFICERS AND DIRECTORS		
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	COXWELL, DALE	
STREET ADDRESS	870 CIDCO ROAD	
CITY-ST-ZIP	COCOA, FL 32926	
TITLE	CEOD	
NAME	MALLARD, ARNOLD	
STREET ADDRESS	2955 LAKE DRIVE	
CITY-ST-ZIP	COCOA, FL 32926	
TITLE	D	
NAME	COXWELL, PHILLIP	
STREET ADDRESS	870 CIDCO ROAD	
CITY-ST-ZIP	COCOA, FL 32926	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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 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.		
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: </div><div>Dale P. Coxwell</div><div>3/31/2008</div><div>321-632-8228</div></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 5px;"><div><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div><small>Date</small></div><div><small>Daytime Phone #</small></div></div>		