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CORPORATION ANNUAL REPORT 1995

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DOCUMENT # N00702 (3)

MELBOURNE HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% PARKEY, DRINA C 139 N. COUNTY RD., #27 PALM BEACH FL 33480	% PARKEY, DRINA C 139 N. COUNTY RD., #27 PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1983
3a. Date of Last Report: 07/20/1994
4. FEI Number: 59-2645406 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

21 Principal Place of Business	26 Mailing Address
22 Suite, Apt. # or Bldg.	27 Suite, Apt. # or Bldg.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PARKEY, DRINA C.
139 N. COUNTY RD., #27
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (If changing Registered Agent, Registered Agent must sign) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE	DT	11 TITLE: VP ☑ Change ☐ Addition
NAME	COE, JACQUES	12 NAME: Douglas Parrillo
STREET ADDRESS	227 AUSTRALIAN AVE.	13 STREET ADDRESS: 227 Australian Ave
CITY ST ZIP	PALM BEACH FL	14 CITY ST ZIP: Palm Beach, Fl. 33480
TITLE	SD	21 TITLE: D ☒ Change ☐ Addition
NAME	CLEVELAND, JOAN	22 NAME: Whitemarsh, Michelle
STREET ADDRESS	227 AUSTRALIAN AVENUE	23 STREET ADDRESS: 227 Australian Ave
CITY ST ZIP	PALM BEACH FL	24 CITY ST ZIP: Palm Beach, Fl. 33480
TITLE	TD	31 TITLE: ☐ Change ☐ Addition
NAME	GAY, JOHN	32 NAME:
STREET ADDRESS	227 AUSTRALIAN	33 STREET ADDRESS:
CITY ST ZIP	PALM BCH, FL	34 CITY ST ZIP:
TITLE	V	41 TITLE: P ☑ Change ☐ Addition
NAME	MICHEL, GEORGE J.	42 NAME: Michel, George J.
STREET ADDRESS	227 AUSTRALIAN AVE	43 STREET ADDRESS: 227 Australian Ave
CITY ST ZIP	PALM BCH FL	44 CITY ST ZIP: Palm Beach, Fl. 33480
TITLE	PD	51 TITLE: D ☑ Change ☐ Addition
NAME	FARKAS, ROBIN	52 NAME: Farkas, Robin
STREET ADDRESS	730 PARK AVE	53 STREET ADDRESS: 730 Park Ave
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP: New York, N.Y.
TITLE		61 TITLE: ☐ Change ☐ Addition
NAME		62 NAME:
STREET ADDRESS		63 STREET ADDRESS:
CITY ST ZIP		64 CITY ST ZIP:

REMITTED BY MAY 1 RECEIVED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 abovejust, or on an attachment with an addition.

SIGNATURE: Michel W Whitemarsh 4/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Michelle Whitemarsh, Dir.

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