2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# N00702

Entity Name: MELBOURNE HOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

227 AUSTRALIAN AVE.
PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

227 AUSTRALIAN AVE.
PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-2645406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PARKEY, DRINA C
PO BOX 888
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FARKAS, ROBIN
Address: 227 AUSTRALIAN AVE
City-St-Zip: PALM BEACH, FL 33480

Title: VP ( ) Delete
Name: FORD, JOHN
Address: 227 AUSTRALIAN AVE
City-St-Zip: PALM BEACH, FL 33480

Title: S/D ( ) Delete
Name: MICHEL, GEORGE JR
Address: 227 AUSTRALIAN
City-St-Zip: PALM BCH., FL 33480

Title: T/D ( ) Delete
Name: SILVA, JANE
Address: 227 AUSTRALIAN AVE
City-St-Zip: PALM BCH, FL 33480

Title: D ( ) Delete
Name: WELCH, ELFRIEDE
Address: 227 AUSTRALIAN AVENUE
City-St-Zip: PALM BEACH, FL 33480

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBIN FARKAS P 07/05/2006
Electronic Signature of Signing Officer or Director — Date