2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00702

Jul 12, 2007 Secretary of State

Entity Name: MELBOURNE HOUSE CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 227 AUSTRALIAN AVE. PALM BEACH, FL 33401 **Current Mailing Address: New Mailing Address:** 227 AUSTRALIAN AVENUE 227 AUSTRALIAN AVE PALM BEACH, FL 33401 PALM BEACH, FL 33480 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: Name and Address of New Registered Agent: PARKEY, DRINA C PARKEY, DRINA C 205 DATÚRA STREET PO BOX 888 PALM BEACH, FL 33480 US SUITE 800 WEST PALM BEACH, FL 33401 US 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: 07/12/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FARKAS, ROBIN Name: Name: 227 AUSTRALIAN AVE Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: FORD, JOHN Name: BRUDER, FRANCES Address: 227 AUSTRALIAN AVE Address: 227 AUSTRALIAN AVE City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480 Title: S/D () Delete Title: () Change () Addition MICHEL, GEORGE JR Name: Name: 227 AUSTRALIAN Address: Address: City-St-Zip: PALM BCH., FL 33480 City-St-Zip: Title: T/D () Delete Title: () Change () Addition SILVA, JANE Name: Name: 227 AUSTRALIAN AVE Address: Address: City-St-Zip: PALM BCH, FL 33480 City-St-Zip: Title: () Delete Title: (X) Change () Addition WELCH, ELFRIEDE HOLMAN, CHARLES Name: Name: 227 AUSTRALIAN AVENUE 227 AUSTRALIAN AVENUE Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify 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: JANE SILVA Т 07/12/2007