

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90183 033 \*\*\*\*61.25

<b>DOCUMENT # N02000009027</b>			
<b>1. Entity Name</b> MILITARY & MELALEUCA PROPERTY OWNERS MAINTENANCE ASSOCIATION, INC.			
<b>Principal Place of Business</b> % BOOS DEVELOPMENT GROUP, INC. 2651 MCCORMICK DRIVE CLEARWATER, FL 33759		<b>Mailing Address</b> % BOOS DEVELOPMENT GROUP, INC. 2651 MCCORMICK DRIVE CLEARWATER, FL 33759	
<b>2. Principal Place of Business</b> c/o DBR Asset Mgmt Suite, Apt. #, etc. 1 Financial Plaza #200 City & State Fort Lauderdale, FL Zip 33394 Country USA		<b>3. Mailing Address</b> c/o DBR Asset Mgmt Suite, Apt. #, etc. 1 Financial Plaza #200 City & State Fort Lauderdale, FL Zip 33394 Country USA	
<b>4. FEI Number</b> NOT APPLICABLE		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BOOS, ROBERT B % BOOS DEVELOPMENT GROUP, INC. 2651 MCCORMICK DRIVE CLEARWATER, FL 33759		<b>7. Name and Address of New Registered Agent</b> Name <u>David Murray</u> Street Address (P.O. Box Number is Not Acceptable) 1401 E Broward Blvd #200 City <u>Fort Lauderdale</u> <u>FL</u> Zip Code <u>33301</u>	
<b>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.</b> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <b>SIGNATURE</b>   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <u>2-22-05</u>  <small>DATE</small> </div> </div>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOS, ROBERT D 2651 MCCORMICK DRIVE CLEARWATER, FL 33759 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgmr Leslie Turchin 1 Financial Plaza #200 Fort Lauderdale, FL 33394 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOS, ROBERT B 2651 MCCORMICK DRIVE CLEARWATER, FL 33759 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASSISTER, WILLIAM G JR 505 S. FLAGLER DRIVE, SUITE 1300 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>			
<b>SIGNATURE:</b>		Date <u>2/22/05</u> Daytime Phone # <u>954 523-2070</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	