2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/6/

FILED
Jun 07, 2004 8:00 am
Secretary of State
05-06-2004 90191 016 ****61.25

DOCUMENT # N03000002493

1. Entity Name
MELROSE BAY PARK, INC.

66427102

Principal Place of Business	Mailing Address
25501 NE STATE ROAD 26 MELROSE, FL 32666	25501 NE STATE ROAD 26 MELROSE, FL 32666

01062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDREWS, RONDA 25501 NE STATE ROAD 26 MELROSE, FL 32666	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE Ronda Andrews 4/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDREWS, RONDA P.O. BOX 1103 MELROSE, FL 32666	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARSON, CHRIS P.O. BOX 1301 MELROSE, FL 32666	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Doug Rudd V.P. P.O. box 2226 Keystone Hts, Fl. 32656	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORR, NATALIE B P.O. BOX 1056 MELROSE, FL 32666	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUCAS, S.T. P.O. BOX 464 MELROSE, FL 32666	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOKOL, PETER 6118 HAMPTON ST. MELROSE, FL 32666	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kathi Warren P.O. box 26 Melrose, Fl. 32666	☐ Change ☑ Addition

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.

SIGNATURE: Natalie B. Corr 4/30/04 (352) 475-1488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #