

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90036 023 \*\*\*\*61.25

**DOCUMENT # N03000002493**

1. Entity Name  
MELROSE BAY PARK, INC.



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

Mailing Address  
25501 NE STATE ROAD 26  
MELROSE, FL 32666

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082005 Chg-NP CR2E037 (10/03)

4. FEI Number **41-2170508** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ANDREWS, RONDA  
25501 NE STATE ROAD 27  
MELROSE, FL 32666

**7. Name and Address of New Registered Agent**

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

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, 2005

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**

TITLE	T	<input type="checkbox"/> Delete
NAME	ANDREWS, RONDA	
STREET ADDRESS	P.O. BOX 1103	
CITY-ST-ZIP	MELROSE, FL 32666	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUDD, DOUG	
STREET ADDRESS	PO BOX 2226	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE	P	<input type="checkbox"/> Delete
NAME	CORR, NATALIE B	
STREET ADDRESS	P.O. BOX 1056	
CITY-ST-ZIP	MELROSE, FL 32666	
TITLE	S	<input type="checkbox"/> Delete
NAME	SOKOL, PETER	
STREET ADDRESS	6118 HAMPTON ST.	
CITY-ST-ZIP	MELROSE, FL 32666	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARREN, KATHI	
STREET ADDRESS	PO BOX 26	
CITY-ST-ZIP	MELROSE, FL 32666	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/25/05 352475-1413**