

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90054 043 ****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 - No P.O. Box # 25500 Deltonia St		3. Mailing Address PO Box 1301 SR 21	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Melrose		City & State Melrose, FL	
Zip 32666		Zip 32666	
Country USA		Country USA	
4. FEI Number 41-2170508		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NATALIE, CORR J 6202 HAMPTON ST. MELROSE, FL 32666		7. Name and Address of New Registered Agent Name Natalie B. Corr Street Address (P.O. Box Number is Not Acceptable) 6202 Hampton St. City Melrose FL Zip Code 32666	
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 <u><i>Natalie B. Corr</i></u> DATE <u>4/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	T ANDREWS, RONDA P.O. BOX 1103 MELROSE, FL 32666 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Judy McLaren <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 105 SR 26 Melrose, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TELARICO, SANDRA 103 HIGHLANDS COURT MELROSE, FL 32666 <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	P CORR, NATALIE B P.O. BOX 1056 MELROSE, FL 32666 <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	S SOKOL, PETER 6118 HAMPTON ST. MELROSE, FL 32666 <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	D WARREN, KATHI PO BOX 26 MELROSE, FL 32666 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chris Carson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6470 Brooklyn Bay Rd. Keystone Heights, FL 32656
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Natalie B. Corr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/26/07</u> <u>352-475-1483</u> <small>Date Daytime Phone #</small>	