2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2008 8:00 am
Secretary of State
05-15-2008 90028 043 ****61.25

DOCUMENT # N03000002493

1. Entity Name

MELROSE BAY PARK, INC.

Principal Place of Business	Mailing Address
25500 DEVONIA ST MELROSE FL 32666	P.O. BOX 1301 MELROSE FL 32666

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
CORR, NATALIE J 6202 HAMPTON ST. 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 Natalie J. Corr (Natalie J. Corr) 4/28/08
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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	T MCLAREN, JUDY 105 SR 26 MELROSE FL 32666	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MACLAREN, JUDY 105 SR 26 Melrose, FL 32666	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TELARICO, SANDRA 103 HIGHLANDS COURT MELROSE FL 32666	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CORR, NATALIE B P.O. BOX 1056 MELROSE FL 32666	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SOKOL, PETER 6118 HAMPTON ST. MELROSE FL 32666	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARSON, CHRIS 6470 BROOKLYN BAY RD. KEYSTONE HEIGHTS FL 32656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Judith C. MacLaren Jud. th C. MacLaren 4/28/08