

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002493

FILED
Apr 27, 2009
Secretary of State

Entity Name: MELROSE BAY PARK, INC.

Current Principal Place of Business:

25500 DEVONIA ST
MELROSE, FL 32666

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1301
MELROSE, FL 32666

New Mailing Address:

FEI Number: 41-2170508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORR, NATALIE J
6202 HAMPTON ST.
MELROSE, FL 32666 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MACLAREN, JUDY
Address: 105 SR 26
City-St-Zip: MELROSE, FL 32666

Title: VP () Delete
Name: TELARICO, SANDRA
Address: 103 HIGHLANDS COURT
City-St-Zip: MELROSE, FL 32666

Title: P () Delete
Name: CORR, NATALIE B
Address: P.O. BOX 1056
City-St-Zip: MELROSE, FL 32666

Title: S () Delete
Name: SOKOL, PETER
Address: 6118 HAMPTON ST.
City-St-Zip: MELROSE, FL 32666

Title: D () Delete
Name: CARSON, CHRIS
Address: 6470 BROOKLYN BAY RD.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY MACLAREN

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date