

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005037

FILED
Mar 12, 2009
Secretary of State

Entity Name: MELREESE POINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

814 NORTHWEST 36TH AVENUE
SUITE #301
MIAMI, FL 33125

New Principal Place of Business:

814 NORTHWEST 36TH AVENUE
MIAMI, FL 33125

Current Mailing Address:

814 NORTHWEST 36TH AVENUE
SUITE #301
MIAMI, FL 33125

New Mailing Address:

900 W 49 STREET
SUITE 220
HIALEAH, FL 33012

FEI Number: 54-2114535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELATORRE, CLEMENTE J
900 W 49 ST STE 220
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

DELATORRE, CLEMENTE J
900 W 49 ST
STE 220
HIALEAH, FL 33012 US

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: CLEMENTE J. DELATORRE

03/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTELL, MARIA
Address: 814 NW 36TH AVE. #301
City-St-Zip: MIAMI, FL 33125

Title: TSD () Delete
Name: HERNANDEZ, IDALMA
Address: 814 NW 36TH AVE. #407
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASTELL, MARIA
Address: 900 W 49 ST STE 220
City-St-Zip: HIALEAH, FL 33012

Title: TSD (X) Change () Addition
Name: HERNANDEZ, IDALMA
Address: 900 W 49 ST STE 220
City-St-Zip: HIALEAH, FL 33012

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: MARIA CASTELL

PD

03/12/2009

Electronic Signature of Signing Officer or Director

Date