2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002010

FILED Apr 26, 2008 Secretary of State

Entity Name: MELALEUCA GARDENS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 838 N.W. 10TH AVENUE DANIA BEACH, FL 33004 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 1358 DANIA BEACH, FL 330041358 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASTRO, ANNE CASTRO, ANNE 838 N.W. 10TH AVENUE 838 NW 10 AVENUE US DANIA BEACH, FL 33004 US DANIA BEACH, FL 33004 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: ANNE CASTRO 04/26/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SANDLER, RAE Name: Name: 810 NW 7TH AVENUE Address: Address: City-St-Zip: DANIA BEACH, FL 33004 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: LAIR, BEULAH Name: MIKES, ROBERT Address: 1433 ARGONAUT ISLE Address: 601 NW 7 STREET City-St-Zip: DANIA BEACH, FL 33004 City-St-Zip: DANIA BEACH, FL 33004 Title: () Delete Title: () Change () Addition ANTON, DOROTHY Name: Name: 838 ARGONAUT ISLE Address: Address: City-St-Zip: DANIA BEACH, FL 33004 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: LAIR, BEULAH Address: Address: 1433 ARGONAUT ISLE City-St-Zip: City-St-Zip: DANIA BEACH, FL 33004

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: DOROTHY ANTON Т 04/26/2008