


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # N05000009777	
1. Entity Name NORTH MELBOURNE HOMEOWNERS ALLIANCE, INC.	

Principal Place of Business PO BOX 411174 MELBOURNE, FL 32941-0174	Mailing Address PO BOX 411174 MELBOURNE, FL 32941-0174
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DO NOT WRITE IN THIS SPACE



01302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0555986	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DIXON, DOUGLAS
2779 CAITLIN COURT
MELBOURNE, FL 32940

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIXON, DOUGLAS 2779 CAITLIN COURT MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RIVERS, RICHARD 3427 HOOFPRIINT DR MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NISWANDER, CARL 3916 ST. ARMES CIR MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, WILLIAM B 5730 NEWBURY CIR MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROCKER, LEON 2942 PEBBLE CREEK ST MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JOHN 3004 PEBBLE CREEK ST MELBOURNE, FL 32935

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U00000852790
03/26/08-80043-018 61.25

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:  CARL F. NISWANDER	3/4/08	321-757-5361
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>