

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20248

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Entity Name:** MELBOURNE AREA LOCAL A.P.W.U., INC.

**Current Principal Place of Business:**

658 ATLANTIS RD  
101  
WEST MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1209  
MELBOURNE, FL 329021209 US

**New Mailing Address:**

**FEI Number:** 23-7339054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GARGAN, ROBERT M  
335 SHERIDAN AVENUE  
SATELLITE BEACH, FL 32937 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:** PD  
**Name:** CAMAJ, PETER  
**Address:** 201 PLANTATION CLUB #803  
**City-St-Zip:** MELBOURNE, FL 32940 US

**Title:** VPD  
**Name:** CHERNAULT, CHARLES  
**Address:** 2727 CHAPPARAL DRIVE  
**City-St-Zip:** MELBOURNE, FL 32934 US

**Title:** STD  
**Name:** GARGAN, ROBERT  
**Address:** 335 SHERIDAN AVENUE  
**City-St-Zip:** SATELLITE BEACH, FL 32937 US

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT M GARGAN

STD

03/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date