

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90124 027 \*\*\*\*61.25

**DOCUMENT # N40337**  
 1. Entity Name  
**MARK'S LANDING PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
~~118 REGATTA ST.~~  
**6224 Midship Lane**  
 MELBOURNE BEACH FL 32951

Mailing Address  
 PO BOX 0135  
 MELBOURNE BEACH FL 32951

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-3125043**  
 Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GALL, MARY LOU**  
**6224 MIDCHIP LANE**  
**MELBOURNE BEACH FL 32951**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 Mary Lou Gallo **MARY LOU GALLO** Apr. 4, 05  
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered agent signature required when reinstating.) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE <del>PD</del> <b>V.P.</b>	<input type="checkbox"/> Delete
NAME <b>DIDDEN, WILLIAM S</b>	
STREET ADDRESS <b>125 REGATTA ST.</b>	
CITY-ST-ZIP <b>MELBOURNE BEACH FL</b>	
TITLE <b>VPD - 2nd V.P.</b>	<input type="checkbox"/> Delete
NAME <b>GASH, CATHY</b>	
STREET ADDRESS <b>11% REGATTA ST.</b>	
CITY-ST-ZIP <b>MELBOURNE BEACH FL 32951</b>	
TITLE <del>STG</del> <b>Sec./Treas.</b>	<input type="checkbox"/> Delete
NAME <b>GALLO, MARY LOU</b>	
STREET ADDRESS <b>6224 MIDSHIP LANE</b>	
CITY-ST-ZIP <b>MELBOURNE BEACH FL 32951</b>	
TITLE <del>V.P.</del> <b>Pres.</b>	<input type="checkbox"/> Delete
NAME <b>CABRERA, CHARLES</b>	
STREET ADDRESS <b>129 SPINNAKER ST.</b>	
CITY-ST-ZIP <b>MELBOURNE BEACH FL 32951</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mary Lou Gallo **MARY LOU GALLO** Apr. 4, 05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

321-952-7888