
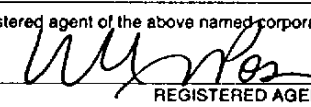
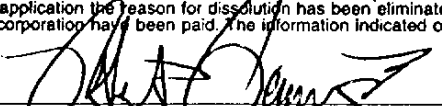


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR</p> <p><i>98-99</i></p>		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED</p> <p>99 JAN 22 PM 4:00</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
DOCUMENT #		N94000003480			
1. Corporation Name Melbourne Beach Condominium Association					
Principal Place of Business		Mailing Address			
2670 Forest Hill Blvd. West Palm Beach, FL 33406					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 1098 Egret Cir. North		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State Jupiter, FL		City & State		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33458		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
PSD	Robert E. Panico	1098 Egret Circle North	Jupiter, FL 33458		
VPTD	Linda Pittenger	981 Tullo Farm Road	Bridgewater, NJ 08807		
D	Leandra Panico	1098 Egret Circle North	Jupiter FL 33458		
			7000002765497--2		
			-02/05/99--01015--001		
			***122.50 ***122.50		
<p><i>B 98-99AR 1/22/99</i></p>					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Michael J Posner 1555 Palm Beach Lakes Blvd., Suite 1000 West Palm Beach, FL 33401			Name Michael J Posner Street Address (P.O. Box Number is Not Acceptable) 4420 Beacon Circle Suite, Apt. #, Etc. Suite 100 City W. Palm Beach State FL Zip Code 33407		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent			Date		
 REGISTERED AGENT MUST SIGN			1/7/99		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE:  1/7/99					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

CR2E040 (12/95)