

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003710

FILED
Apr 12, 2006
Secretary of State

Entity Name: MELROSE GARDENS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0632109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT CORP
1044 CASTELLO DRIVE, SUITE 206
NAPLES, FL 34103 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 () Delete
Name: MONAHAN, JAMES
Address: 302 MELROSE PLACE
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: DECASTER, DOUGLAS
Address: 260 MELROSE PLACE
City-St-Zip: NAPLES, FL 34104

Title: SD () Delete
Name: STEVENSON, MARGARET
Address: 343 MELROSE PLACE
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: BROWN, SCOTT
Address: 323 MELROSE PLACE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: BROWN, SCOTT
Address: 323 MELROSE PLACE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STEVENSON, MARGARET
Address: 343 MELROSE PLACE
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HARVEY, DAVID
Address: 294 MELROSE PLACE
City-St-Zip: NAPLES, FL 34104

Title: TD (X) Change () Addition
Name: LIGMAN, PAUL
Address: 248 MELROSE PLACE
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change () Addition
Name: ORR, DAVID
Address: 223 MELROSE PLACE
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET STEVENSON

P

04/12/2006

Electronic Signature of Signing Officer or Director

Date