


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE  <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000003881 (8)</b> 1. Corporation Name <b>MELBROOKE ESTATES HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1323 EAST PARKER STREET LAKELAND FL 33801</b>		Mailing Address <b>1323 EAST PARKER STREET LAKELAND FL 33801-2147</b>	
2. Principal Place of Business <b>21 422 S. Florida Avenue</b>		2a. Mailing Address <b>26 P.O. Box 326</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23 Lakeland, Florida</b>		City & State <b>28 Lakeland, Florida</b>	
Zip <b>24 33801</b>		Zip <b>29 33802</b>	
Country <b>25 Polk</b>		Country <b>30 Polk</b>	
9. Name and Address of Current Registered Agent <b>WRIGHT, J. ARTHUR 4958 FOXRUN LANE LAKELAND FL 33813</b>		10. Name and Address of New Registered Agent <b>81 Name MARIE A. HOLTON 82 Street Address (P.O. Box Number is Not Acceptable) 1880 N. Crystal Lake Drive, #14 83 Lakeland, Florida 33801 84 City FL 85 Zip Code</b>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE <i>Marie A. Holton</i> <b>4-16-97</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HOLTON, MARIE A 1880 N. CRYSTAL LAKE DRIVE #14 LAKELAND FL 33801	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOWDLE, TAMERA A 5417 1ST STREET, SE LAKELAND FL 33813	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, SUSAN E 741 CEDAR KNOLL DR. S LAKELAND FL 33809	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Marie A. Holton*

4-17-97

CR2E037 (9/96)