2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9600004506

1. Entity Name

MURRELL BARNES CROSSINGS OWNERS ASSOCIATION, INC



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90144 024 ****61.25

			600 E	TE TE				
Principal Plac	e of Business	Mailing Address						
SG-E. NASA BLVD .		65 E. NAGA BLVD.						
SUITE 202 - MELBOURNE FL 32 001		Suite- 202 - Melbourne FL- 32901-			Į			
MELOCONINE 1	L JEGOT	MELDOURINE PE-SESSI				10 0 1110 00111 00311 00111 00111	00) 2030 GAN 83	NIE 8181 16 9 2
2. Principal F	Place of Business	3. Mailing Address						
7332 OFFICE PARK PLACE M332 OFFICE F			ARK PUACE			IN MISIL AMILS MAILL AMSIL AMILL		
Suite, Apt. #, etc. Suite, Apt. #, etc.			77 4 - 1		CHECK HERE IF MAKING CHANGES			
STE. 101		STE. 101						
City & State		City & State	ا=	4. FEI Nun		-3405198		oplied For
MELBOURNE PL Zip Country		MELBOURNE,		e				ot Applicable
32940 LISA-		38940	Country		5. Certificate of Status Desired			
6. Name and Address of Current F			-uoi		7. Name and Address of New Registered Agent			
	Name							
WILKINS	Street Address (P.O. Box Number is Not Acceptable)							
65 E. NA		Street Address (F.O. Box Number is Not Acceptable)						
SUITE 202 STE . 101 MELBOURNE FL 32001 MELBOURNE, FC 3Q940 City FI Zip Code								
MELBOU	RNE FL 32001 MEI BOULNE	City				■ Zip Cod	e	
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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.								
	dons of registered agent.				•	, 1		
1/8/19								
SIGNATURE .	Signature, typed printed name of registered agent a	nd title if amplicable. In \ (NOTE: Be	gistered Agent signat	ture required	when reinstating)	DATE		
	111416	2 th Milling	(12)		T			
st .	FILE NOW: FEE IS \$61.25	9. Election Campa	aign Financing		\$5.00 May Be	Make Che	ck Payable	to
J.	FILE NOW: FEE 15 \$61.25	Trust Fund Cont	tribution.		Added to Fees	Florida Depa	-	1
<u>.69</u> 9								
70.	OFFICERS AND DIR		11.		ADDITIONS/CHANGE	S TO OFFICERS AND		
TITLE	PD	☐ Delete	TITLE	11	ri ri		Change Change	☐ Addition
NAME STREET ADDRESS	WILKINSON, MYLES H 65-E. NASA BLVD.; STE. 202		NAME STREET ADDRESS		OPFIRE	PARK PLACE	STE. IC	1
CITY-ST-ZIP	MELBOURNE FL 32901		CITY-ST-ZIP	MEI	ACHINALE	E 200VL	\ \	
TITLE	STD	□ Delete	TITLE	K	DUCKING.	FL 20044	Change	☐ Addition
NAME	SMITH, MARY JANE	□ Delete	NAME	ii.	- Ĥ	PARK PLAK	T ATT	Vaccinon
STREET ADORESS	65-E: NASA BLVD.; STE. 202		STREET ADDRESS	M33	Ja-Oppice	MUKK-LIN	the one	101
CITY-ST-ZIP	MELBOURNE FL 32901		CITY-ST-ZIP	MEL	LOOUANE	FL 32940	+	1
TITLE	D	☐ Delete	TITLE	ú	1		Change	☐ Addition
NAME	WILLIAMS, MICHAEL H		NAME	1100	NOFINE	DAKU DIA	16 57E	101
STREET ADDRESS	65-E. NASA-BLVD., STE: 202-		STREET ADDRESS	i, tec	32 011 100		CE/SIC.	10)
CITY-ST-ZIP	MELBOURNE FL 32901		CITY-ST-ZIP	MEL.	DULKNE, t	PAKK PLA 2 32940		
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NAME		<u> </u>	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			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:

THE REQUIRED