2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138001

JOHNSON, ERÍKA E

BRANDON, FL 33511

103 LAUREL TREE WAY

Name:

Address:

City-St-Zip:

Entity Name: MELVILLE PLACE TOWNHOMES, INC

FILED Jan 13, 2009 Secretary of State

Entity Name: MELVILLE PLACE TOWNHOMES, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	EL TREE WA\ N, FL 33511	(
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	EL TREE WAY N, FL 33511	(
FEI Number	: 20-5824006	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
JOHNSON, SCOTT GREGORY 5026 TRENTON ST TAMPA, FL 33619 US			5026 TRENTON ST		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: SCOTT G. JOHNSON				01/13/2009	
	Electron	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP (JOHNSON, GR 111 HICKORY BRANDON, FL	CREEK BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S (JOHNSON, PAI 111 HICKORY BRANDON, FL	CREEK BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	Т () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SCOTT G. JOHNSON PRES 01/13/2009