

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**  
 05-16-2001 90210 046 \*\*\*\*61.25

**DOCUMENT # N00000003134**

1. Entity Name

**ARBOR TRACE HOMEOWNER'S ASSOCIATION OF INDIAN RI**

Principal Place of Business

C/O IRA C. HATCH, ESQ.  
 1701 HWY A1A, STE. 220  
 VERO BEACH FL 32963

Mailing Address

C/O IRA C. HATCH, ESQ.  
 1701 HWY A1A, STE. 220  
 VERO BEACH FL 32963

2. Principal Place of Business

**4420 6<sup>TH</sup> PL. S.W.**

Suite, Apt. #, etc.

3. Mailing Address

**925 7<sup>TH</sup> AVE.**

Suite, Apt. #, etc.

City & State

**VERO BEACH, FL**

Zip

**32968**

Country

**USA**

City & State

**VERO BEACH, FL**

Zip

**32960**

Country

**USA**

4. FEI Number

**59-3695883**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HATCH, IRA C**  
**1701 HWY A1A, STE. 220**  
**VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name **EDWARD D. DONNER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**925 7<sup>TH</sup> AVE**  
 City **VERO BEACH** FL **32960**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>MECHLING, CHARLES</b> <b>1999 POINTE WEST DR</b> <b>VERO BEACH FL 32966</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HATCH, IRA C</b> <b>1701 HWY A1A, STE. 220</b> <b>VERO BEACH FL 32963</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MELCHIORI, STEPHEN</b> <b>1999 POINTE WEST DR</b> <b>VERO BEACH FL 32966</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**CHARLES MECHLING** 4/17/01 7944577

CR2E037 (10/00)