

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90976 027 ****61.25

DOCUMENT # N00000003134

1. Entity Name

ARBOR TRACE HOMEOWNER'S ASSOCIATION OF INDIAN RIVER COUNTY, INC.



Principal Place of Business

**2027 INDIAN RIVER
VERO BEACH FL 32960**

Mailing Address

**2027 INDIAN RIVER
VERO BEACH FL 32960**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1999 Pointe West Dr.

Suite, Apt. #, etc.

1999 Pointe West Dr

City & State

Vero Beach FL

City & State

Vero Beach FL

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

**DONNER, EDWARD D
1999 POINTE WEST DR.
VERO BEACH FL 32966**

7. Name and Address of New Registered Agent

Name **Stephen Melchiori**

Street Address (P.O. Box Number is Not Acceptable)

1999 Pointe West Dr.

City **Vero Beach**

FL

Zip Code **32966**

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.

SIGNATURE

[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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **MECHLING, CHARLES**
STREET ADDRESS **1999 POINTE WEST DR**
CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE **D** ☐ Delete
NAME **HATCH, IRA C**
STREET ADDRESS **1701 HWY A1A, STE. 220**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **D** ☐ Delete
NAME **MELCHIORI, STEPHEN**
STREET ADDRESS **1999 POINTE WEST DR**
CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

CR2E037 (10/02)

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 another like empowered.

SIGNATURE:

[Signature] **CHARLES MECHLING 2/17/03 794 45 77**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR