FILED
May 10, 2004 8:00 am
Secretary of State
04-19-2004 90348 024 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000005164

1. Entity Name
MELEAR POD A HOMEOWNERS' ASSOCIATION, INC.

[redacted]

66420233

Principal Place of Business	Mailing Address
C/O CASTLE MANAGEMENT, INC P.O BOX 189013 PLANTATION, FL 33318	% CASTLE MANAGEMENT, INC P.O. BOX 189013 PLANTATION, FL 33318

04142004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o Victory Accounting Svc.	c/o Victory Accounting Svc.
Suite, Apt. #, etc. 1375 Gateway Blvd.	Suite, Apt. #, etc. P.O. Box 243399
City & State Boynton Beach FL	City & State Boynton Beach, FL
Zip: 33426 Country: US	Zip: 33424 Country: US

4. FEI Number
65-1045903 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTLE MANAGEMENT, INC. 4450 W SUNRISE BOULEVARD SUITE C-100 PLANTATION, FL 33313	Name: VICKI FEICHT Street Address (P.O. Box Number Is Not Acceptable): 1375 GATEWAY BLVD. City: Boynton Beach FL Zip Code: 33426

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: Vicki M. Feicht 4/14/04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PECORARO, DANIEL 1547 RIALTO DRIVE BOYNTON BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GELFONT, ROBIN 1100 RIALTO DRIVE BOYNTON BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~BEERS~~, AMY 1125 RIALTO DR. BOYNTON BEACH, FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AMY, BEYERS	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~FOLSCHETTI, WILLIAM~~ 1424 MAGLIANO DRIVE BOYNTON BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FOLCHETTI, William 1424 Magliano Dr Boynton Beach, FL 33436	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHANE GRIFFIS 1807 Magliano Dr. Boynton Beach, FL 33436	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: PRES 4/14/04 561-634-1245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #