

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000005164 1. Entity Name MELEAR POD A HOMEOWNERS' ASSOCIATION, INC.						
Principal Place of Business C/O VICTORY ACCOUNTING SVC. 1375 GATEWAY BLVD BOYNTON BEACH FL 33426			Mailing Address C/O VICTORY ACCOUNTING SVC PO BOX 243399 BOYNTON BEACH FL 33424			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country				
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 FEICHT, VICKI 1375 GATEWAY BLVD BOYNTON BEACH FL 33426			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)						
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	1000000462491 03/22/06-80057-015 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GELFON, ROBIN 1100 RIALTO DRIVE BOYNTON BEACH FL		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BEYERS, AMY 1125 RIALTO DR. BOYNTON BEACH FL 33436		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FOLCHETTI, WILLIAM 1424 MAGLIANO DRIVE BOYNTON BEACH FL 33436		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARLLIS, T. SHANE 1807 MAGLIANO DRIVE BOYNTON BEACH FL 33436		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.