

2000 UNIFORM BUSINESS REPORT (UBR)

5/8/00-90197-037-\$150.00-\$150.00

DOCUMENT # N18220

1. Entity Name

MELWOOD OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

325 40TH STREET CIR. W.
PALMETTO FL 34221
US

325 40TH STREET CIR. W.
PALMETTO FL 34221-9566
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2837889

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

LETTY, RONALD J.
438 40TH COURT WEST
PALMETTO FL 34221

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LETTY, RONALD J.
STREET ADDRESS 438 40TH CT. W.
CITY-ST-ZIP PALMETTO FL ☐ Delete

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

TITLE VPDV
NAME WILLIAMSON, F
STREET ADDRESS 310 40TH ST CIR W
CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete

TITLE VPD
NAME Holt, Kenneth
STREET ADDRESS 4108 40th St Cir West
CITY-ST-ZIP Palmetto, FL 34221 ☒ Change ☐ Addition

TITLE SDS
NAME LEWIS, P
STREET ADDRESS 448 40TH CT W
CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete

TITLE S D
NAME Mixon, Debbie
STREET ADDRESS 427 40th Court West
CITY-ST-ZIP Palmetto, FL 34221 ☒ Change ☐ Addition

TITLE TDT
NAME SHIVELY, S L
STREET ADDRESS 438 40TH CT W
CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Susan L Shively

Susan L Shively

04/15/00

941 722 8476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)