

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764343

**FILED**  
**Apr 15, 2021**  
**Secretary of State**  
**7941826479CC**

**Entity Name:** MELBOURNE HARBOR PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O THOMAS J KASICA, CPA  
2210 FRONT ST STE 301  
MELBOURNE, FL 32901

**Current Mailing Address:**

C/O THOMAS J KASICA, CPA  
2210 FRONT ST STE 301  
MELBOURNE, FL 32901 US

**FEI Number: 59-2580028**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KASICA, THOMAS J  
2210 FRONT ST  
SUITE 301  
MELBOURNE, FL 32901 US

*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:** THOMAS J KASICA

04/15/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DENNEHY, BILL  
Address        C/O THOMAS J KASICA, CPA  
                  2210 FRONT ST STE 301  
City-State-Zip: MELBOURNE FL 32901

Title            TREASURER  
Name            MULLENSKI, GARY  
Address        C/O THOMAS J KASICA, CPA  
                  2210 FRONT ST STE 301  
City-State-Zip: MELBOURNE FL 32901

Title            VP  
Name            MOLLEN, BONNIE  
Address        C/O THOMAS J KASICA, CPA  
                  2210 FRONT ST STE 301  
City-State-Zip: MELBOURNE FL 32901

Title            DIRECTOR  
Name            GROSSMAN, RICHARD  
Address        C/O THOMAS J KASICA, CPA  
                  2210 FRONT ST STE 301  
City-State-Zip: MELBOURNE FL 32901

Title            SECRETARY  
Name            FLETCHER, JIM  
Address        C/O THOMAS J KASICA, CPA  
                  2210 FRONT ST STE 301  
City-State-Zip: MELBOURNE FL 32901

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BONNIE MOLLEN

VP

04/15/2021

Electronic Signature of Signing Officer/Director Detail

Date