

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **726349** (4)  
1. Corporation Name  
**MELODY MANOR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**9781 E. BAY HARBOR DR.  
BAY HARBOR ISLANDS FL 33154**

Mailing Address  
**9781 E. BAY HARBOR DR.  
BAY HARBOR ISLANDS FL 33154**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/07/1973</b>		3a. Date of Last Report <b>05/01/1995</b>	
21		26		4. FEI Number <b>59-1474031</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent <b>HOGAN, MARIESE 365 GRAND CONCOURSE MIAMI SHORES FL 33138</b>				10. Name and Address of New Registered Agent			
				81 <b>Silechnik, Harriett</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>9781 E Bay Harbor Dr #2</b>			
				83			
				84 City <b>Bay Harbor Islands</b>			
				85 Zip Code <b>FL 33154-1740</b>			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Harriett Silechnik - PRES TREAS.* **4/20/96**  
**HARRIETT SILECHNIK** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOGAN, MARIESE G		12 NAME	SILECHNIK, HARRIETT			
STREET ADDRESS	365 GRAND CONCOURSE		13 STREET ADDRESS	9781 E. BAY HARBOR DR. #2			
CITY-ST-ZIP	MIAMI SHORES FL		14 CITY-ST-ZIP	BAY HARBOR ISLE, FL 33154			
TITLE	VPD	<input type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WREN, DEANNE		22 NAME	← same			
STREET ADDRESS	9781 E BAY HARBOR DR #1		23 STREET ADDRESS				
CITY-ST-ZIP	BAY HARBOR ISLANDS FL		24 CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> DELETE	31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SILECHNIK, LOUIS		32 NAME	STEINBERG, VANESSA			
STREET ADDRESS	9781 E BAY HARBOR DR		33 STREET ADDRESS	9781 E. BAY HARBOR DR. #3			
CITY-ST-ZIP	BAY HARBOR ISLANDS FL		34 CITY-ST-ZIP	BAY HARBOR ISLE, FL 33154			
TITLE	Silechnik, Harriett	<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	9781 E Bay Harbor Dr #2		42 NAME				
STREET ADDRESS	Bay Harbor Islands, FL 33154		43 STREET ADDRESS				
CITY-ST-ZIP			44 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE	700001829197	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			52 NAME	-05/20/96--01041--039			
STREET ADDRESS			53 STREET ADDRESS	***61.25			
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harriett Silechnik* **4/20/96** **305-861-6637**  
**HARRIETT SILECHNIK** (PRES. TREAS-D) Date Daytime Phone #

CR2E037 (12/95)