


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				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			Mailing Address		
9781 E. BAY HARBOR DR. BAY HARBOR ISLANDS FL 33154			9781 E. BAY HARBOR DR. BAY HARBOR ISLANDS FL 33154-1740		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/07/1973	
22 City & State		27 City & State		3a. Date of Last Report	
23 Zip Country		28 Zip Country		05/01/1996	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SILECHNIK, HARRIET 9781 E. BAY HARBOR DR. BAY HARBOR ISLANDS FL 33154			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILECHNIK, HARRIETT		1.2 NAME		
STREET ADDRESS	9781 E. BAY HARBOR DR. #2		1.3 STREET ADDRESS		
CITY - ST - ZIP	BAY HARBOR ISLANDS FL 33154		1.4 CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WREN, DEANNE		2.2 NAME		
STREET ADDRESS	9781 E. BAY HARBOR DR. #1		2.3 STREET ADDRESS		
CITY - ST - ZIP	BAY HARBOR ISLANDS FL 33154		2.4 CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEINBERG, VANESSA		3.2 NAME		
STREET ADDRESS	9781 E. BAY HARBOR DR. #3		3.3 STREET ADDRESS		
CITY - ST - ZIP	BAY HARBOR ISLANDS FL 33154		3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		
14. I do 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 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 <i>HARRIETT SILECHNIK</i> HARRIETT SILECHNIK 3/19/97 861-6637 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030884					



CR2E037 (9/96)