NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 726349 1. Corporation Name

MELODY MANOR CONDOMINIUM ASSOCIATION, INC.

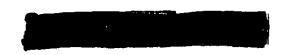
Principal Place of Business

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

9781 E. BAY HARBOR DR BAY HARBOR ISLANDS FL 33154

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90013 023 ****61.25



2. Principal Pl	ace of Business	2a. Mailing	Address					orated or Qualifed			
21		26					05/07/19				
Suite, Apt.	#, etc.	Suite, /	Apt. #, etc.			ļ	4. FEI Number 59-14740				plied For
22		27					39-14/40	<u>ы</u>			t Applicable
City & State	•	City &	State				5. Certifcate of	Status Desired		\$8.75 A	
23		28]								Fee Re	<u> </u>
Zip	Country	Zip		Country		į		mpaign Financing		\$5.00	,
24	25	29	30	<u>o </u>				Contribution		Added to	5 Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARTA R. RAMIREZ									Registered フ	Agent	
						_					
SILECHNIK, HARRIET					Street	Address	(P.O. Box Nun	ber is Not Accept	able)	D0 =1	#G
9781 E. BAY HARBOR DR.					9	781	E. 13 H	Y HAR	<u> 30K</u>	<i>H</i> C -	1 0
BAY HARBOR ISLANDS FL 33154											
				84	City	11	1110000	10100		85 Zip C	ode_//
1				1	121	47	HARBOR		<u> </u>	- <u> 33</u>	154
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 Signature, typed or phillied name of registered agent applicable. (NOTE: Registered Agent agnature required when remistating) OATE OATE											
	Signature, typed or printed name of registered agent				t signature re	equired wh	en reinstating)		DATE		
12.	OFFICERS AND	DIRECTORS		13.		7~		CHANGES TO OF	FICERS AF	Change	Addition
TITLE	PTD		DELETE	1.1 TITLE		PT.		RAMIRE	· ,	- •	[∰] Adukion
NAME	SILECHNIK, HARRIETT			12 NAME	Ì	MAI	CH R.	HARBO	O DR	#6	
STREET ADDRESS	9781 E. BAY HARBOR DR. #2			1.3 STREET	ADDRESS	978	1 E. ISA9	MAKISU		- '	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 3315	<u> </u>		14 CTY-5	(-ZIP						
TITLE	VPD		DELETE	2.1 TTLE						Change	☐ Addition
NAME	WREN, DEANNE			22 NAME	,	ļ					Į
STREET ADDRESS	9781 E. BAY HARBOR DR. #1			2.3 STREET	ADDRESS	ĺ					
CITY-ST-ZIP	-BAY HARBOR ISLANDS FL 331:	54		2.4 CTTY-S	T-ZIP						
TITLE	SD		DELETE	3.1 TITLE	ļ	SD	a. A			Change	Addition
NAME	SILECHNIK, HARRIETT			32 NAME	ĺ	HAR	CIH SAN	MORO HARBOR	N2 -1	t a	
STREET ADDRESS	9781 E BAY HARBOR DR, #2			3.3 STREET	ADDRESS	478	1 G. 1544	HAILBOIL	1	, ,	,
Crty-ST-ZIP	BAY HARBOR ISLANDS FL 3315	54		3.4. CITY-S	T-ZIP	1347	HARBOK	2 ISLDS	FL	33155	<u>t</u> _
TITLE			☐ DELETE	4.1 TITLE	ļ	ļ				Change	Addition
NAME				4. 2 NAME	ļ]					i
STREET ADDRESS				43 STREET	ADDRESS						
CITY-ST-ZIP				44 CITY-S	T-ZIP						
IIITE			☐ DELETE	5.1 TITLE						☐ Change	☐ Addition
NAME				5.2 NAME	ļ						Î
STREET ADDRESS				5.3 STREET	ADDRESS						
CITY-ST-ZIP	_			\$4 CITY-S	T. ZIP						
TILE			☐ DELETE	6.1 TTLE						Change	Addition
NAME				6.2 NAME	ł	ł					
STREET ADDRESS				6.3 STREET	ADDRESS						
CITY-ST-ZIP				6.4 C/TY-S	T-ZIP						

14. 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 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 copporation 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, if on an attachment with an address, with all other like empowered.

SIGNATURE:

MARTA R. RAMINEZ RINTED NAME OF SIGNING OFFICER OR DIRECTOR