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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/07/1973

4. FEI Number

59-1474031

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SILECHNIK, HARRIET
9781 E. BAY HARBOR DR.
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name MARTA R. RAMIREZ

82 Street Address (P.O. Box Number is Not Acceptable)
9781 E. BAY HARBOR DR #6

83

84 City BAY HARBOR ISLDS FL 85 Zip Code 33154

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MARTA R. RAMIREZ

3/20/99

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE
NAME SILECHNIK, HARRIETT
STREET ADDRESS 9781 E. BAY HARBOR DR. #2
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE VPD ☐ DELETE
NAME WREN, DEANNE
STREET ADDRESS 9781 E. BAY HARBOR DR. #1
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE SD ☒ DELETE
NAME SILECHNIK, HARRIETT
STREET ADDRESS 9781 E BAY HARBOR DR, #2
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☐ Change ☒ Addition
1.2 NAME MARTA R. RAMIREZ
1.3 STREET ADDRESS 9781 E. BAY HARBOR DR #6
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME MARIA SANTORO
3.3 STREET ADDRESS 9781 E. BAY HARBOR DR #3
3.4 CITY-ST-ZIP BAY HARBOR ISLDS FL 33154

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTA R. RAMIREZ

3/20/99

Date

Daytime Phone #

CR2E037 (11/98)