2001 UNIFORM BUSINESS REPORT (UBR)

Jun 01, 2001 8:00 am Secretary of State DOCUMENT # 726349 06-01-2001 90005 011 ****70.00 MELODY MANOR CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 9781 E. BAY HARBOR DR. 9781 E. BAY HARBOR DR C0070740 BAY HARBOR ISLANDS FL 33154 BAY HARBOR ISLANDS FL 33154 2. Principal Place of Business 3. Mailing Address 9781 E. BAY HARBOR DR SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number BAY HARBOR 59-1474031 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMIREZ, MARTA R 9781 E. BAY HARBOR DR. BAY HARBOR ISLANDS FL 33154 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the state of Florida NO CHANGES. **FILE NOW:** 9. Election Campaigr Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PTD TITLE ☐ Delete TITLE RAMIREZ, MARTA R NAME STREET ADDRESS STREET ADDRESS 9781 E BAY HARBOR DR #6 CITY-ST-ZIP CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154** ☐ Change TITLE ☐ Delete Addition NAME WREN, DEANNE NAME STREET ADDRESS 9781 E. BAY HARBOR DR. #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154 ☐ Delete Addition NAME SANTORO, MARIA STREET ADDRESS STREET ADDRESS 9781 E BAY HARBOR DR #3 CITY-ST-ZIP CITY-ST-7IP **BAY HARBOR ISLANDS FL 33154** TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an algorithm of the components.

PRAKIMI RI RAHIREZ

SIGNATURE:

FILED