

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90530 047 ****61.25

DOCUMENT # N00000003134

1. Entity Name
**ARBOR TRACE HOMEOWNER'S ASSOCIATION OF
INDIAN RIVER COUNTY, INC.**



Principal Place of Business
**1999 POINTE WEST DR
VERO BEACH, FL 32960**

Mailing Address
**1999 POINTE WEST DR
VERO BEACH, FL 32960**

14007165



03152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3695883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MELCHIORI, STEPHEN
1999 POINTE WEST DR.
VERO BEACH, FL 32966**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MECHLING, CHARLES
STREET ADDRESS	1999 POINTE WEST DR
CITY-ST-ZIP	VERO BEACH, FL 32966

TITLE	D
NAME	HATCH, IRA C
STREET ADDRESS	1701 HWY A1A, STE. 220
CITY-ST-ZIP	VERO BEACH, FL 32963

TITLE	D
NAME	MELCHIORI, STEPHEN
STREET ADDRESS	1999 POINTE WEST DR
CITY-ST-ZIP	VERO BEACH, FL 32966

TITLE	D
NAME	Patricia McEnerny
STREET ADDRESS	2800 Ocean Drive
CITY-ST-ZIP	VERO BEACH, Florida 32963

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patricia McEnerny, Asst Sec 4/14/04 774-731-7804