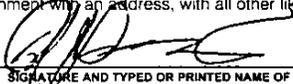


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90150 020 ****61.25

DOCUMENT # N00000005164					
1. Entity Name MELEAR POD A HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O VICTORY ACCOUNTING SVC. 1375 GATEWAY BLVD BOYNTON BEACH, FL 33426			Mailing Address C/O VICTORY ACCOUNTING SVC PO BOX 243399 BOYNTON BEACH, FL 33424		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1045903	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEICHT, VICKI 1375 GATEWAY BLVD BOYNTON BEACH, FL 33426			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: SD NAME: BEYERS, AMY STREET ADDRESS: 1125 RIALTO DR. CITY-ST-ZIP: BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <i>President</i> NAME: <i>Don Accoruro</i> STREET ADDRESS: <i>1947 Rialto Drive</i> CITY-ST-ZIP: <i>Boynton Beach, Fl. 33436</i>	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: <i>VP</i> NAME: <i>Paul Falchich</i> STREET ADDRESS: <i>1428 Mugliano</i> CITY-ST-ZIP: <i>Boynton Beach, FL 33436</i>	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: <i>Director</i> NAME: <i>Brian Murphy</i> STREET ADDRESS: <i>1825 Mugliano</i> CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: <i>Treasurer</i> NAME: <i>Steve Kniesch</i> STREET ADDRESS: <i>1162 Rialto Drive</i> CITY-ST-ZIP: <i>Boynton Beach, FL 33436</i>	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: <i>Secretary</i> NAME: <i>Cynthia Karber</i> STREET ADDRESS: <i>1444 Antimino Lane</i> CITY-ST-ZIP: <i>Boynton Beach, FL 33436</i>	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DANIEL PELORARO 4/17/08 561-733-5550					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					