

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90038 005 ****61.25

DOCUMENT # N00000005165

1. Entity Name

MELEAR POD B HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

C/O VICTORY ACTTG SERVICE
P.O. BOX 243214
BOYNTON BEACH FL 33424

Mailing Address

C/O VICTORY ACTTG SERVICE
P.O. BOX 243214
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

Zip

Country

Zip

Country

4. FEI Number

65-1045905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SEGAL, WAYNE M ☐ Delete
STREET ADDRESS 1719 AREZZO CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE SD
NAME WEIDER, KIM ☐ Delete
STREET ADDRESS 1502 AREZZO CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE TD
NAME WEBB, DEREK ☐ Delete
STREET ADDRESS 1525 AREZZO CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D
NAME SICHER, MERSHA ☐ Delete
STREET ADDRESS 1615 CETONA DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE D
NAME LYDOS, MIKE ☒ Delete
STREET ADDRESS 1718 AREZZO CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Wayne M Segal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Declarer Page #