

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005165

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: MELEAR POD B HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

1500 GATEWAY BLVD.  
SUITE 220  
BOYNTON BEACH, FL 33434

## Current Mailing Address:

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

## New Mailing Address:

1500 GATEWAY BOULEVARD  
SUITE 220  
BOYNTON BEACH, FL 33426

FEI Number: 65-1045905

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FEICHT, VICKI  
1375 GATEWAY BLVD  
BOYNTON BEACH, FL 33426 US

## Name and Address of New Registered Agent:

FEICHT, VICKI  
1500 GATEWAY BLVD  
SUITE 220  
BOYNTON BEACH, FL 33426 US

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.

SIGNATURE: VICKI FEICHT

03/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SEGAL, WAYNE M  
Address: 1719 AREZZO CIRCLE  
City-St-Zip: BOYNTON BEACH, FL

Title: SD ( ) Delete  
Name: WEIDER, KIM  
Address: 1502 AREZZO CIRCLE  
City-St-Zip: BOYNTON BEACH, FL

Title: TD ( ) Delete  
Name: WEBB, DEREK  
Address: 1525 AREZZO CIRCLE  
City-St-Zip: BOYNTON BEACH, FL

Title: D ( ) Delete  
Name: SICHER, MERSHA  
Address: 1615 CETONA DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SIEBER, MARSHA  
Address: 1615 CETONA DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE SEGAL

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date