

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007375

FILED
Apr 01, 2009
Secretary of State

Entity Name: MELISSA OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 6232
NAVARRE, FL 32566

New Principal Place of Business:

1930 MELISSA OAKS DR
GULF BREEZE, FL 32563 US

Current Mailing Address:

P.O. BOX 6232
NAVARRE, FL 32566

New Mailing Address:

P.O. BOX 6232
NAVARRE, FL 32566 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOBERGTE, FREDERICK
1951 MELISSA OAKS DRIVE
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

MCCRACKEN, STEVEN
1927 MELISSA OAKS DR
GULF BREEZE, FL 32563 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: STEVEN MCCRACKEN

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MCCRACKEN, STEVEN
Address: 1927 MELISSA OAKS DR
City-St-Zip: GULF BREEZE, FL 32563

Title: P () Delete
Name: TOBERGTE, FREDERICK
Address: 1951 MELISSA OAKS DR
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: JENKINS, JAMES
Address: 1958 ELODIE LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: T () Delete
Name: GOODRICH, KAREN
Address: 1912 ELONIE LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: VP (X) Delete
Name: SPENCER, ROBERT
Address: 1930 MELISSA OAKS DR
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: SPENCER, ROBERT
Address: 1930 MELISSA OAKS DR
City-St-Zip: GULF BREEZE, FL 32563

Title: VP (X) Change () Addition
Name: FLEMING, BARBARA
Address: 1909 ELODIE LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: T (X) Change () Addition
Name: GOODRICH, KAREN
Address: 1912 ELODIE LANE
City-St-Zip: GULF BREEZE, FL 32563

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

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: STEVEN MCCRACKEN

SECR

04/01/2009

Electronic Signature of Signing Officer or Director

Date