

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03106

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** MELBOURNE-LAKESIDE VILLAS HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

MELBOURNE LAKESIDE VILLAS HDA  
902 CAYMAN DRIVE  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

MELBOURNE LAKESIDE VILLAS HDA  
902 CAYMAN DRIVE  
MELBOURNE, FL 32901 US

**New Mailing Address:**

**FEI Number:** 59-1000937      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEAL MCCULLOH, ESQUIRE  
1065 MAITLAND CENTER COMMON BLVD  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JACOBS, CHARLES  
Address: 949 BIRMINI AVE.  
City-St-Zip: MELBOURNE, FL 32901

Title: ST ( ) Delete  
Name: BROCK, ROBERT  
Address: 942 BIMINI AVE  
City-St-Zip: MELBOURNE, FL 32901

Title: SD ( ) Delete  
Name: DIERS, JO ELLEN  
Address: 904 BARBADOS AVE  
City-St-Zip: MELBOURNE, FL 32901

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: JACOBS, CHARLES  
Address: 949 BIMINI AVE.  
City-St-Zip: MELBOURNE, FL 32901

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

Title: PD (X) Change ( ) Addition  
Name: DIERS, JO ELLEN  
Address: 904 BARBADOS AVE  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Change (X) Addition  
Name: SWABY, RON  
Address: 4171 BAHAMA AVENUE  
City-St-Zip: MELBOURNE, FL 32901

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: SARA BERNIN

AGNT

03/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date