

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90199 002 \*\*\*\*61.25

**DOCUMENT # N05000007899**

1. Entity Name  
**THE VILLAGES OF MELBOURNE BEACH CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
3095 HIGHWAY A1A  
MELBOURNE BEACH, FL 32951

Mailing Address  
3095 HIGHWAY A1A  
MELBOURNE BEACH, FL 32951

**40082996**



2. Principal Place of Business - No P.O. Box #  
95 Pine Tree Drive

3. Mailing Address  
P. O. Box 510758

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062007 Chg-NP CR2E037 (12/06)

City & State  
Indialantic, FL

City & State  
Melbourne Beach, FL 32951

4. FEI Number  
20-4725544

Applied For  
Not Applicable

Zip  
32903

Country  
USA

Zip  
32951

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

TOLLMANN, WILLIAM M  
3095 HIGHWAY A1A  
MELBOURNE BEACH, FL 32951

**7. Name and Address of New Registered Agent**

Name  
Tollmann, William M

Street Address (P.O. Box Number is Not Acceptable)  
95 Pine Tree Drive

City  
Indialantic

FL

Zip Code  
32903

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]*

April 17, 2007

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 P ☐ Delete  
NAME MILLIUS, HIU Y  
STREET ADDRESS 3095 HIGHWAY A1A  
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE VP ☐ Delete  
NAME TOLLMANN, WILLIAM M  
STREET ADDRESS 3095 HIGHWAY A1A  
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE S ☒ Delete  
NAME BEALS, ROBERT L  
STREET ADDRESS 730 E. STRAWBRIDGE AVENUE  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE P ☒ Change ☐ Addition  
NAME Millius, Hiu Y  
STREET ADDRESS 95 Pine Tree Drive  
CITY-ST-ZIP Indialantic, FL 32903

TITLE VP ☒ Change ☐ Addition  
NAME Tollmann, William M  
STREET ADDRESS 95 Pine Tree Drive  
CITY-ST-ZIP Indialantic, FL 32903

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

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

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

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 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:**

*[Signature]*

William M. Tollmann

April 17, 2007

321-984-7543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #