

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90085 033 ****61.25

DOCUMENT # N05000009777

1. Entity Name
NORTH MELBOURNE HOMEOWNERS ALLIANCE, INC.



Principal Place of Business
**PO BOX 411174
MELBOURNE, FL 32941-0174**

Mailing Address
**PO BOX 411174
MELBOURNE, FL 32941-0174**

50002342



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number

51-0555986

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIXON, DOUGLAS
2779 CAITLIN COURT
MELBOURNE, FL 32940**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **DP** ☐ Delete
NAME **DIXON, DOUGLAS**
STREET ADDRESS **2779 CAITLIN COURT**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **DV** ☐ Delete
NAME **SAVASTIO, SHARON**
STREET ADDRESS **4701 ANISE TREE CT**
CITY-ST-ZIP **MELBOURNE, FL 32934**

TITLE **DST** ☐ Delete
NAME **NISWANDER, CARL**
STREET ADDRESS **3916 ST. ARMES CIR**
CITY-ST-ZIP **MELBOURNE, FL 32934**

TITLE **D** ☒ Delete
NAME **HISSAM, ARAN**
STREET ADDRESS **4780 WILLOW BEND DR**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE **D** ☐ Delete
NAME **CROCKER, LEON**
STREET ADDRESS **2942 PEBBLE CREEK ST**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE **D** ☒ Delete
NAME **MANNING, ROBERT**
STREET ADDRESS **2470 SUMMER BROOK ST**
CITY-ST-ZIP **MELBOURNE, FL 32940**

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **HALL, WILLIAM B**
CITY-ST-ZIP **5730 NEWBURY CIRCLE
MELBOURNE, FL 32940**

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

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **DASZUTA, LEE N**
CITY-ST-ZIP **2623 ASTON CIRCLE
MELBOURNE, FL 32940**

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: **CARL NISWANDER, SECRETARY/TREASURER**

3/6/06

321-757-5361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #