

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90300 005 ****61.25

DOCUMENT # N11050

1. Entity Name

MELODY HILLS CLUSTER COMMUNITY HOMEOWNERS ASSOCI

Principal Place of Business

2101 TED HINES DRIVE
 TALLAHASSEE FL 32308

Mailing Address

2101 TED HINES DRIVE
 TALLAHASSEE FL 32308

2. Principal Place of Business

2124 Ted Hines Drive

Suite, Apt. #, etc.

3. Mailing Address

2124 Ted Hines Drive

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2945933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MATHEWS, EMILY D
2101 TED HINES DRIVE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name **Robert F. Hines**

Street Address (P.O. Box Number is Not Acceptable)
2124 Ted Hines Drive

City **Tallahassee**

FL

Zip Code
32308

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.

SIGNATURE

Robert F. Hines

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 27, 2001

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
 NAME **HUFFMAN, LINDA DIX**
 STREET ADDRESS **5991 THORNTON LANE**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **DV** ☐ Delete
 NAME **HINES, ROBERT**
 STREET ADDRESS **2124 TED HINES DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **DS** ☐ Delete
 NAME **HERRING, JOLINDA**
 STREET ADDRESS **2141 TED HINES DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **DT** ☒ Delete
 NAME **MATHEWS, EMILY**
 STREET ADDRESS **2101 TED HINES DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE **D/V/T** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 exemption stated in Section 119.07(3)(i), 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:

Robert F. Hines **REQUIRE** **Robert F. Hines** **April 27, 2001** **(850) 414-9500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)