

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18220 (6)

1. Corporation Name
MELWOOD OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **325 40TH STREET CIR. W. PALMETTO FL 34221 US**
Mailing Address: **325 40TH STREET CIR. W. PALMETTO FL 34221 US**

3. Date Incorporated or Qualified: **12/11/1986**
3a. Date of Last Report: **02/09/1995**
4. FEI Number: **59-2837889**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **KEARNS, PATRICIA 408 40TH COURT W. PALMETTO FL 34221**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Patricia S. Kearns* (01/18/96)
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	DIXON, ROD <input checked="" type="checkbox"/> DELETE	1.1 TITLE: DP	BEVERLEY J. JAROS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DIXON, ROD		1.2 NAME: BEVERLEY J. JAROS	
STREET ADDRESS: 4104 3RD AVENUE W.		1.3 STREET ADDRESS: 443 40TH COURT WEST	
CITY-ST-ZIP: PALMETTO FL		1.4 CITY-ST-ZIP: PALMETTO FL 34221	<input checked="" type="checkbox"/>
TITLE: DT	KEARNS, PATRICIA <input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KEARNS, PATRICIA		2.2 NAME:	
STREET ADDRESS: 408 40TH COURT W.		2.3 STREET ADDRESS:	
CITY-ST-ZIP: PALMETTO FL		2.4 CITY-ST-ZIP:	
TITLE: DS	JAROS, BEVERLY <input checked="" type="checkbox"/> DELETE	3.1 TITLE: DS	PHILIP MOLINA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JAROS, BEVERLY		3.2 NAME: PHILIP MOLINA	
STREET ADDRESS: 443 40TH COURT, WEST		3.3 STREET ADDRESS: 312 40TH COURT WEST	
CITY-ST-ZIP: PALMETTO FL		3.4 CITY-ST-ZIP: PALMETTO FL 34221	
TITLE: DV	FREY, DONALD W. <input checked="" type="checkbox"/> DELETE	4.1 TITLE: DV	ALICE BRETT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FREY, DONALD W.		4.2 NAME: ALICE BRETT	
STREET ADDRESS: 318 40TH STREET CIR. W.		4.3 STREET ADDRESS: 324 40TH COURT WEST	
CITY-ST-ZIP: PALMETTO FL		4.4 CITY-ST-ZIP: PALMETTO FL 34221	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia S. Kearns* Patricia Kearns January 18, 1996 941-722-6471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)