

2000 UNIFORM BUSINESS REPORT (UBR)

5/8/00-90197-037-\$150.00-\$150.00

DOCUMENT # N18220

1. Entity Name

MELWOOD OAKS HOMEOWNERS ASSOCIATION, INC.

FILED
00 JUN -9 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

325 40TH STREET CIR. W.
PALMETTO FL 34221
US

325 40TH STREET CIR. W.
PALMETTO FL 34221-9566
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2837889

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LETTY, RONALD J.~~
438 40TH COURT WEST
PALMETTO FL 34221

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **PD**
STREET ADDRESS **LETTY, RONALD J.**
CITY-ST-ZIP **438 40TH CT. W.
PALMETTO FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VPDV**
STREET ADDRESS **WILLIAMSON, F**
CITY-ST-ZIP **310 40TH ST CIR W
PALMETTO FL 34221**

TITLE Change Addition
NAME **VP D**
STREET ADDRESS **Holt, Kenneth**
CITY-ST-ZIP **4108 40th St Cir West
Palmetto, FL 34221**

TITLE Delete
NAME **SDS**
STREET ADDRESS **LEWIS, P**
CITY-ST-ZIP **448 40TH CT W
PALMETTO FL 34221**

TITLE Change Addition
NAME **S D**
STREET ADDRESS **Mixon, Debbie**
CITY-ST-ZIP **427 40th Court West
Palmetto, FL 34221**

TITLE Delete
NAME **TDT**
STREET ADDRESS **SHIVELY, S L**
CITY-ST-ZIP **438 40TH CT W
PALMETTO FL 34221**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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 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:

Susan L Shively
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan L Shively

04/15/00

941 722 8476

Date

Daytime Phone #

CR2E037 (9/99)

SP