

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90049 002 \*\*\*\*61.25

**DOCUMENT # N18220**

1. Entity 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**

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2837889**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEWETAG, MICHAEL  
330 40TH ST CIR W  
PALMETTO, FL 34221**

**DO NOT WRITE  
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
BARKER, SUSAN  
418 40TH CT W  
PALMETTO, FL 34221**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
LEWETAG, MIKE  
330 40TH ST CR. W  
PALMETTO, FL 34221**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
PRAYER, CLARENCE  
4107 3RD AVE W  
PALMETTO, FL 34221**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
SUMNER, SUSAN  
4107 3RD AVE W  
PALMETTO, FL 34221**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Susan E. Sumner* **SUSAN E. SUMNER**

Date

Daytime Phone #

1-27-06

941-729-4642