NONPROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

30

81 Name

## DOCUMENT # N41864

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1. Corporation Name

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## MOBILAND BY THE SEA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address					
2072 MOBILAND DR MELBOURNE FL 32935-4842 US	2072 MOBILAND DR MELBOURNE FL 32935-4842 US					
Principal Place of Business     The Principal Place of Business	2a. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					
Zip Country	Zip Country					

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9. Name and Address of Current Registered Agent

## FILED Apr 27, 1999 8:00 am § Secretary of State

04-27-1999 90103 018 \*\*\*\*61.25

429087 - 93105 - 4

X App ied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable
\$8.75 Additional

	- BI BAK BUBAH BUBAH HAN	IJ

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

01/28/1991

4. FEI Number 59-3106726

				82 Street Address (P.O. Box Number is Not Acceptable)						
2072 MOB			83							
WETROOK	NE FL 32935			l						
			84	City			FL	85 Z	p Code	
44 Dumana et	to the provisions of Sections 617.0502 a	and 617 1508 Florida Statutes	the above	-named corp	oration submits	this statement for the	purpose of	changing	its registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut	honzed by	the corporatio	on's board of cire	ectors. I hereby acce	ot the appoir	itment as	registered	
SIGNATURE							DATE		[	
12.	Signature, typed or printed name of registered agent an OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	t signature required		S/CHANGES TO OF		D DIREC	TOF:S IN 12	
	PD OFFICERS AND	□ DELETE	1.1 TITLE					Chang		
TITLE	· <del>-</del>	C) Deceive	1.2 NAME						_	
NAME	BOUTHILLIER, RICHARD A		1	* PDDDEOC						
STREET ADDRESS	2072 MOBILAND DR		1.3 STREET	l l					1	
CITY-ST-ZIP	MELBOURNE FL 32935		1.4 CITY-ST	-ZIP		<del></del>		Chang	e Addition	
TITLE	VD	☐ DELETE	2.1 TITLE	1					e L'Addition	
NAME	YANNETTA ANGELO		2.2 NAME							
STREET ADDRESS	4673 BLUEJAY LN		2.3 STREET	ADDRESS						
CITY-ST-ZIP	MELBOURNE FL 32935		2. 4 CITY-S	T- ZIP						
TITLE	SD	☐ DELETE	3.1 TITLE					Chang	je 🔲 Addition	
NAME	YANNETTA PRISCILLA		3.2 NAME						ì	
STREET ADDRESS	4673 BLUEJAY LN		3.3 STREET	ADDRESS						
CITY-ST-ZIP	MELBOURNE FL 32935		3.4. CITY-S	T-ZIP						
TITLE	TD	☐ DELETE	4.1 TITLE					Chang	je 🗌 Addition	
NAME	SEDOR, STEVEN		4. 2 NAME							
STREET ADDRESS	4455 UTICA CIRCLE		4.3 STREET	ADDRESS					ļ	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST	r-ZIP						
TITLE	D	☐ DELETE	5.1 TITLE					Chang	ge 🔲 Addition	
NAME	CARD, ROGER		52 NAME							
STREET ADDRESS	2119 MOBILAND DRIVE		5.3 STREET	ADDRESS						
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST	r-zip					· .	
TITLE		☐ DELETE	6.1 TITLE					☐ Chang	ge 🔲 Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET	ADDRESS						
			6.4 CITY-ST	r-zie					ļ	
CITY-ST-ZIP	Lertify that the information supplied with	this filing does not qualify for t	he evemnti	on stated in S	Section 119.07(3	)(i), Florida Statutes.	I further cer	tify that th	e information	
indicated	on this annual report or supplemental and director of the corporation or the received or Block 13 if changed, or on an attaching	nnual report is true and accura or or trustee empowered to exc	ate and that ecute this re	t my signature eport as requi	shall have the :	same legal effect as	t made unde	er oatn: tr	atiam an	

SIGNATURE:

TIRM STUDIOSECTIVENTEN SEDER 4-22-99
EARD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

DOE037 (11/08)