FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001211 (1)**

1. Corporation Name

MELISSA ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4526 MELISSA COURT WEST JACKSONVILLE FL 32210	4526 MELISSA COURT WEST JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1994
3a. Date of Last Report:
4. FEI Number: 59-3232902 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21: 7679 Melissa Ct. N.
22: Suite, Apt. #, etc.
23: City & State: Jacksonville FL.
24: Zip: 32210
25: Country: DUVAL

2a. Mailing Address
26: 7679 Melissa Ct. N.
27: Suite, Apt. #, etc.
28: City & State: Jacksonville FL
29: Zip: 32210
30: Country: DUVAL

9. Name and Address of Current Registered Agent

REINHARDT-PIERCE, DEBORAH
4526 MELISSA COURT WEST
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: KENNETH W. VARGAS
82 Street Address (P.O. Box Number is Not Acceptable): 7679 Melissa Ct N.
83:
84 City: Jacksonville FL 85 Zip Code: 32210

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kenneth W. Vargas — KENNETH W. VARGAS — 5-14-95
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	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	KENNETH W. VARGAS	12 NAME	
STREET ADDRESS	7679 Melissa Ct N	13 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 32210	14 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	WALLY EDWARDS	22 NAME	
STREET ADDRESS	4316 Melissa Ct W.	23 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 32210	24 CITY-ST-ZIP	
TITLE	SECRETARY	31 TITLE	☐ Change ☐ Addition
NAME	JOSIE TIPTON	32 NAME	
STREET ADDRESS	4517 Melissa Ct W	33 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32210	34 CITY-ST-ZIP	
TITLE	TREASURER	41 TITLE	☐ Change ☐ Addition
NAME	JODY CAMPBELL	42 NAME	
STREET ADDRESS	4534 Melissa Ct W	43 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 32210	44 CITY-ST-ZIP	
TITLE	DIRECTORS	51 TITLE	☐ Change ☐ Addition
NAME	LOU WILBANKS	52 NAME	
STREET ADDRESS	6280 CRANBERRY LN W.	53 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 32244	54 CITY-ST-ZIP	
TITLE	DIRECTORS	61 TITLE	☐ Change ☐ Addition
NAME	RUSS WACKER	62 NAME	
STREET ADDRESS	7644 JANA LANE	63 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32210	64 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)(i), 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: Kenneth W. Vargas — KENNETH W. VARGAS — 5-14-95 — 1-(904)-387-6511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028513