

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 # N94000001211 (1)

1. Corporation Name

MELISSA ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7679 MELISSA CT N
JACKSONVILLE FL 32210
US

7679 MELISSA CT N
JACKSONVILLE FL 32210
US

3. Date Incorporated or Qualified

03/07/1994

3a. Date of Last Report

05/30/1995

2. Principal Place of Business

2a. Mailing Address

21 4411 MELISSA CT W.

26 4411 MELISSA CT. W.

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VARGAS, KENNETH W
7679 MELISSA CT N
JACKSONVILLE FL 32210

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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 P ☒ DELETE

NAME VARGAS, KENNETH W
STREET ADDRESS 7679 MELISSA CT N
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME MICHELLE SHERRILL
1.3 STREET ADDRESS 4231 MELISSA CT. W.
1.4 CITY-ST-ZIP JAX, FL 32210

TITLE VP ☒ DELETE

NAME EDWARDS, WALLY
STREET ADDRESS 4316 MELISSA CT W
CITY-ST-ZIP JAX FL

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME RUSS WALKER WALKER
2.3 STREET ADDRESS 7682 JANA LANE S.
2.4 CITY-ST-ZIP JAX, FL 32210

TITLE S ☒ DELETE

NAME TIPTON, JOSIE
STREET ADDRESS 4517 MELISSA CT W
CITY-ST-ZIP JAX FL

3.1 TITLE ST ☐ Change ☒ Addition

3.2 NAME CHRISTINE M. KRAMER
3.3 STREET ADDRESS 4511 MELISSA CT. W.
3.4 CITY-ST-ZIP JAX, FL 32210

TITLE T ☒ DELETE

NAME CAMPBELL, JODY
STREET ADDRESS 4534 MELISSA CT W
CITY-ST-ZIP JAX FL

4.1 TITLE D ☐ Change ☐ Addition

4.2 NAME KENNETH W. VARGAS
4.3 STREET ADDRESS 7679 MELISSA CT. N.
4.4 CITY-ST-ZIP JAX, FL 32210

TITLE D ☒ DELETE

NAME WILBANKS, LOU
STREET ADDRESS 6240 CRANBERRY LANE W
CITY-ST-ZIP JAX FL

5.1 TITLE D ☐ Change ☐ Addition

5.2 NAME JOSIE TIPTON
5.3 STREET ADDRESS 4517 MELISSA CT. W.
5.4 CITY-ST-ZIP JAX FL 32210

TITLE D L ☒ DELETE

NAME WACKER, RUSS
STREET ADDRESS JANA LANE
CITY-ST-ZIP JAX FL

6.1 TITLE D ☐ Change ☐ Addition

6.2 NAME LUTHER WILBANKS
6.3 STREET ADDRESS 6240 CRANBERRY LA.
6.4 CITY-ST-ZIP JAX FL 32210

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: C.M. Kramer CHRISTINE M. KRAMER 5-23-96 904-777-9756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)