

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Aug 13 1998 8:00am  
Secretary of State

DOCUMENT # N94000001211 (1)

1. Corporation Name

MELISSA ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

4411 MELISSA CT. W  
JACKSONVILLE FL 32211  
US

Mailing Address

4411 MELISSA CT. W  
JACKSONVILLE FL 32210  
US

3. Date Incorporated or Qualified

03/07/1994

4. FEI Number

59-3232902

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

KRAMER, CHRISTINE M  
4511 MELISSA COURT WEST  
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name JOSIANE R. TIPTON

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

4517 MELISSA CT. W.

83

84 City JAX.

FL

85 Zip Code 32210

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 *Josiane R. Tipton*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME TIPTON, JOSIE  
STREET ADDRESS 4517 MELISSA CT W  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VPD  
NAME KRAMER, CHRISTINE  
STREET ADDRESS 4511 MELISSA CT W  
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

TITLE D  
NAME HOFFMAN, SONYA  
STREET ADDRESS 4342 MELISSA CT W  
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

TITLE TD  
NAME CAMPBELL, GLORIA  
STREET ADDRESS 7659 JANA LANE S  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE D  
NAME LUTHER WILBANKS  
STREET ADDRESS 6240 CRANBERRY LANE  
CITY-ST-ZIP JAX FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD  
1.2 NAME TIPTON, JOSIE  
1.3 STREET ADDRESS 4517 MELISSA CT. W.  
1.4 CITY-ST-ZIP JAX. FL. 32210

☒ Change

☐ Addition

2.1 TITLE PD WALKER, GEORGE  
2.2 NAME GEORGE WALKER  
2.3 STREET ADDRESS 7676 JANA LN. S.  
2.4 CITY-ST-ZIP JAX. FL. 32210

☐ Change

☒ Addition

3.1 TITLE STD  
3.2 NAME BARLOW, KETCIA  
3.3 STREET ADDRESS 4337 MELISSA CT. N.  
3.4 CITY-ST-ZIP JAX. FL. 32210

☐ Change

☒ Addition

4.1 TITLE D  
4.2 NAME CAMPBELL, GLORIA  
4.3 STREET ADDRESS 6659 JANA LN. S.  
4.4 CITY-ST-ZIP JAX. FL. 32210

☒ Change

☐ Addition

5.1 TITLE D  
5.2 NAME ~~GEORGE~~ DUCHARME, GREG  
5.3 STREET ADDRESS 7640 MELISSA CT. N.  
5.4 CITY-ST-ZIP JAX. FL. 32210

☐ Change

☒ Addition

6.1 TITLE D  
6.2 NAME ~~LOH DAMM~~ LOH DAMM, BILL  
6.3 STREET ADDRESS 7644 MELISSA CT. N.  
6.4 CITY-ST-ZIP JAX. FL. 32210

☐ Change

☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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: *Josiane R. Tipton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/98

(904) 777-3183

Date

Daytime Phone #

CR2E037 (5/98)