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**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90063 023 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000001211**

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

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/07/1994

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

9. Name and Address of Current Registered Agent

**TIPTON, JOSIANE R**  
**4517 MELISSA COURT WEST**  
**JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name **Ducharme, Gregory**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7640 MELISSA CT. NORTH**  
83  
84 City **JACKSONVILLE** 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 *X Gregory P. Ducharme*

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

(NOTE: Registered Agent signature required when reinstating)

*Jun 7 1999*  
DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	TIPTON, JOSIE	
STREET ADDRESS	4517 MELISSA COURT WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, GEORGE	
STREET ADDRESS	7676 JANA LANE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BARLOW, KETCIA	
STREET ADDRESS	4337 MELISSA COURT NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPBELL, GLORIA	
STREET ADDRESS	5659 JANA LANE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUCHARME, GREG	
STREET ADDRESS	7640 MELISSA COURT NORTH	
CITY-ST-ZIP	JAX FL 32210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOHDAMM, BILL	
STREET ADDRESS	7644 MELISSA COURT NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ducharme, Greg	
1.3 STREET ADDRESS	7640 MELISSA CT. N.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WALKER, George	
2.3 STREET ADDRESS	7676 JANA LN. SOUTH	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BARLOW, KETCIA	
3.3 STREET ADDRESS	4337 MELISSA CT. WEST	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GLAUDE, DAPHNE	
4.3 STREET ADDRESS	7630 MELISSA CT. North	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CAMPBELL, GLORIA	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *X Gregory P. Ducharme*

Signature, typed or printed name of signing officer or director

*Jun 7 1999*  
Date

*772-6637*  
Daytime Phone #

CR2E037 (11/98)