

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90013 020 ****61.25

DOCUMENT # N94000003480

1. Entity Name

MELBOURNE BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1098 EGRET CIR. NORTH
 JUPITER FL 33458
 US

Mailing Address

1098 EGRET CIR. NORTH
 JUPITER FL 33458
 US

2. Principal Place of Business

981 Tullo Farm Road

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bridgewater N.J.

City & State

Same

Zip

08807

Country

USA

Zip

08807

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**POSNER, MICHAEL J
 4420 BEACON CIRCLE
 SUITE 100
 WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name

Li Qiao Qiao

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
 NAME **PANICO, ROBERT E**
 STREET ADDRESS **1098 EGRET CIRCLE NORTH**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE **VPTD** ☐ Delete
 NAME **PITTENGER, LINDA**
 STREET ADDRESS **981 TULLO FARM ROAD**
 CITY-ST-ZIP **BRIDGEWATER NJ 08807**

TITLE **D** ☐ Delete
 NAME **PANICO, LEANDRA**
 STREET ADDRESS **1098 EGRET CIR. NORTH**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '0

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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12. 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 report or supplemental report is true and accurate and that no 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X [Signature]**

5-10-01 908-253-0056

CR2E037 (10/00)