

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003881 (8)

1. Corporation Name

MELBROOKE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1323 EAST PARKER STREET
LAKELAND FL 33801

1323 EAST PARKER STREET
LAKELAND FL 33801

3. Date Incorporated or Qualified

08/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3178464

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

WRIGHT, J. ARTHUR
4958 FOXRUN LANE
LAKELAND FL 33813

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 MARIE A. HOLTON

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME WRIGHT, J. ARTHUR
STREET ADDRESS 4958 FOXRUN LANE
CITY-ST-ZIP LAKELAND FL 33813

11 TITLE PTD ☒ Change ☐ Addition
NAME HOLTON, MARIE A.
12 NAME
13 STREET ADDRESS 1880 N. Crystal Lake Drive
14 CITY-ST-ZIP Lakeland, Florida 33801

TITLE STD ☐ DELETE
NAME HOLTON, MARIE A
STREET ADDRESS 754 HIGHLAND GARDENS LANE
CITY-ST-ZIP LAKELAND FL 33813

21 TITLE SD ☒ Change ☐ Addition
22 NAME DOWDLE, TAMARA A.
23 STREET ADDRESS 5417 1st Street, SE
24 CITY-ST-ZIP Lakeland, Florida 33813

TITLE D ☐ DELETE
NAME DOWDLE, TAMARA A
STREET ADDRESS 5417 FIRST STREET, SE
CITY-ST-ZIP LAKELAND FL 33813

31 TITLE D ☐ Change ☒ Addition
32 NAME CHAMBERS, SUSAN E.
33 STREET ADDRESS 741 Cedar Knoll Dr. S.
34 CITY-ST-ZIP Lakeland, FL 33809

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)