

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000001978

1. Entity Name
**MOSSWOOD TOWNHOMES OF MELBOURNE
HOMEOWNER ASSOCIATION, INC.**



Principal Place of Business
**1510 BEECHFERN DRIVE
MELBOURNE, FL 32935 US**

Mailing Address
**1510 BEECHFERN DRIVE
MELBOURNE, FL 32935 US**



02022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3502509** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KELLY, SCOTT
1480 BEECHFERN DRIVE
MELBOURNE, FL 32935**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P/D
MCCURDY, RONALD E
1710 LARCHMONT COURT
MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V/O
CAMPAS, PETER
1476 BEECHFERN DR
MELBOURNE, FL 32935**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T/SD
KELLY, SCOTT
1480 BEECHFERN DRIVE
MELBOURNE, FL 32935**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**U00000529978
05/05/06-80097-013 61.25**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Scott Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06
Date

321.751.0452
Daytime Phone #