

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006622

Entity Name: MEMORY LANE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2104 COLEWOOD LANE
DOVER, FL 33527**Current Mailing Address:**2104 COLEWOOD LANE
DOVER, FL 33527 US**FEI Number:** 59-3489345**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARBER, HILTON
2104 COLEWOOD LANE
DOVER, FL 33527 US*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:** HILTON BARBER

07/05/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BARBER, HILTON
Address 2104 COLEWOOD LANE
City-State-Zip: DOVER FL 33527

Title TREASURER
Name COBURN, TOM
Address 2207 COLEWOOD LN.
City-State-Zip: DOVER FL 33527

Title SECRETARY
Name NAPOLEON, AVA
Address 2101 COLEWOOD LANE
City-State-Zip: DOVER FL 33527

Title DIRECTOR
Name CLAIRMONT, ALAN
Address 2203 COLEWOOD LN
City-State-Zip: DOVER FL 33527

Title DIRECTOR
Name CLAIRMONT, LEEANNE
Address 2203 COLEWOOD LANE
City-State-Zip: DOVER FL 33527

Title DIRECTOR
Name HUNTER, RICK
Address 2105 COLEWOOD LANE
City-State-Zip: DOVER FL 33527

Title DIRECTOR
Name JOHNSON, BRANDI
Address 2103 COLEWOOD LANE
City-State-Zip: DOVER FL 33527

Title DIRECTOR
Name NAPOLEON, BERTHONY
Address 2101 COLEWOOD LANE
City-State-Zip: DOVER FL 33527

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HILTON BARBER

PRESIDENT

07/05/2017

Electronic Signature of Signing Officer/Director Detail

Date