

DOCUMENT # 723500

1. Entity Name

MERRIE OAKS VILLAGE ASSOCIATION, INC

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90095 028 ****61.25

Principal Place of Business

Mailing Address

2180 PARK AVENUE N.
SUITE 326
WINTER PARK FL 32789

2180 PARK AVENUE N.
SUITE 326
WINTER PARK FL 32789-2358



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

444 West New England Avenue

3. Mailing Address

444 West New England Avenue

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

Winter Park, Florida

City & State

Winter Park, Florida

4. FEI Number

59-6526112

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

32789

Country

USA

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JORDAN, BRETT M
SPECIALTY MANAGEMENT CO. OF CENTRAL FLA
2180 PARK AVENUE N., STE. 326
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name KEVIN M. DAVIS

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

444 West New England Avenue, Suite B

Winter Park, FL 32789

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

[Handwritten Signature]

4/24/00

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

(NOTE: 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

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include CRAIG, JAMES; AUFHAMMER, BARBARA; SCRIBNER, JOHN; BARRY, BARBARA; DONCSECZ, JAN.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include CRAIG, JAMES; GORDAN, JAMES E; WELCH, JIM; PARENT, NORGEN.

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 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:

[Handwritten Signature] - Treas. 4/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)