2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004959

FILED Apr 20, 2005 Secretary of State

Entity Name: MERRICK LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 605 E ROBINSON STREET SUITE 750 1600 WEST COLONIAL DRIVE ORLANDO, FL 32801 ORLANDO, FL 32804 **Current Mailing Address: New Mailing Address:** 605 E ROBINSON STREET SUITE 750 P.O. BOX 531010 ORLANDO, FL 32801 ORLANDO, FL 32853 FEI Number: 03-0468975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MELROSE MANAGEMENT GROUP 1600 W. COLONIAL DR. ORLANDO, FL 32804 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PERLMAN, JEFFREY JOHNSON, MICHELLE Name: Name: 605 E ROBINSON STREET SUITE 750 Address: 13425 CARROWAY STREET Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: WINDERMERE, FL 34786 US (X) Change () Addition Title: () Delete Title: PETERSON, DON Name: HAEUSEL, TAMIKO Name: Address: 605 E ROBINSON STREET SUITE 750 Address: 13419 CARROWAY STREET City-St-Zip: ORLANDO, FL 32801 City-St-Zip: WINDERMERE, FL 34786 US Title: DST () Delete Title: (X) Change () Addition DOWLING, LARRY Name: KUSHMER, BETTY Name: 605 E ROBINSON STREET SUITE 750 6333 BLU-KNIGHT LANE Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: WINDERMERE, FL 34786 US () Change (X) Addition Title: () Delete Title: DD Name: Name: LASKOWSKY, ANDREW Address: Address: 6351 BLU-KNIGHT LANE City-St-Zip: City-St-Zip: WINDERMERE, FL 34786 US Title: () Delete Title: חח () Change (X) Addition BEGLEY, LINDA Name: Name: 6345 BLU-KNIGHT LANE Address: Address: City-St-Zip: City-St-Zip: WINDERMERE, FL 34786 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHELLE JOHNSON PD 04/20/2005