

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N15853** (7)

1. Corporation Name

MERRITT ISLAND RHF HOUSING, INC.



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| Principal Place of Business 1100 S. COURTENAY PARKWAY MERRITT ISLAND FL 32852-3804 | Mailing Address 5150 E PACIFIC CST HWY STE 600 LONG BEACH CA 90804-3312 US |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country |
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| 3. Date Incorporated or Qualified 07/14/1986 | 4. FEI Number 59-2721378 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent NRAI SERVICES INC 526 EAST PARK AVE TALLAHASSEE FL 32301 | |
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| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL | |
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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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|----------------------------|---|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | VTD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARGETIC, STEPHEN J. | 1.2 NAME | |
| STREET ADDRESS | 5150 E. PACIFIC COAST HWY, STE. 600 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONG BCH CA | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOORE, JEAN | 2.2 NAME | |
| STREET ADDRESS | 5150 E PACIFIC CST HWY STE 600 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONG BEACH CA | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRNKA, JOHN E. | 3.2 NAME | |
| STREET ADDRESS | 5150 E. PACIFIC COAST HWY., STE. 600 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONG BCH CA | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LISTOE, LINDA | 4.2 NAME | |
| STREET ADDRESS | 5150 E. PACIFIC COAST HWY., STE. 600 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONG BCH CA | 4.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOSEPH, LAVERNE R. | 5.2 NAME | |
| STREET ADDRESS | 5150 E. PACIFIC COAST HWY., STE. 600 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONG BCH CA | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAPMAN, REX | 6.2 NAME | |
| STREET ADDRESS | 5150 E. PACIFIC COAST HWY., SE 600 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONG BEACH CA | 6.4 CITY-ST-ZIP | |

14. 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 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]* Sec 4/20/98 562/597-5541

CR2E037 (10/97)