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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9:23

DOCUMENT # 755608 (7)

1. Corporation Name

MERRITT ISLAND COOPERATIVE HOUSING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
TION, INC. 235 NORTH BANANA RIVER DRIVE MERRITT ISLAND FL 32952	TION, INC. 235 NORTH BANANA RIVER DRIVE MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1980
3a. Date of Last Report: 04/22/1994
4. FEI Number: 38-2339287 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WEAR, J R
14521 WALSINGHAM RD
LARGO FL 34644

10. Name and Address of New Registered Agent

81 Name: WEAR, JR
82 Street Address (P.O. Box Number is Not Acceptable): 6801 Diana Court
83
84 City: Tampa FL 85 Zip Code: 33610

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SAMUELS, ANN	1.2 NAME	
STREET ADDRESS	160 BOUNTY ST. 101	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	BURNETT, JANE ANNE	2.2 NAME	
STREET ADDRESS	160 BOUNTY ST. 202	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	LOWRY, WILLIAM	3.2 NAME	
STREET ADDRESS	100 MUTINY LANE 106	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	HARRELL, LOUISE	4.2 NAME	
STREET ADDRESS	200 BOUNTY ST 105	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, EMILY	5.2 NAME	
STREET ADDRESS	165 TREASURE ST., #102	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000 32952	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ROE, FRANCIS	6.2 NAME	
STREET ADDRESS	200 BOUNTY ST., #107	6.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Anne C Samuels Jan. 12, 1995 407-453-1772
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0036388