

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755608

Entity Name: MERRITT ISLAND COOPERATIVE HOUSING ASSOCIATION, INC.**FILED**
Mar 07, 2022
Secretary of State
1356994255CC**Current Principal Place of Business:**235 N. BANANA RIVER DRIVE
MERRITT ISLAND, FL 32952**Current Mailing Address:**235 N. BANANA RIVER DRIVE
MERRITT ISLAND, FL 32952 US**FEI Number: 38-2339287****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**IDOL, KIMBERLY S
235 N BANANA RIVER DR
MERRITT ISLAND, FL 32952 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	COHEN, DAVID
Address	160 BOUNTY STREET UNIT 107
City-State-Zip:	MERRITT ISLAND FL 32952

Title	PRESIDENT
Name	BURDO, JEANY
Address	165 TREASURE STREET UNIT 205
City-State-Zip:	MERRITT ISLAND FL 32952

Title	D
Name	STANTON, ANN
Address	160 BOUNTY STREET UNIT 104
City-State-Zip:	MERRITT ISLAND FL 32952

Title	SECRETARY
Name	BURDO, DANIEL V
Address	165 TREASURE ST. UNIT 102
City-State-Zip:	MERRITT ISLAND FL 32952

Title	DIRECTOR
Name	MCPHEE, BONNIE
Address	165 TREASURE STREET UNIT 201
City-State-Zip:	MERRITT ISLAND FL 32952

Title	TREASURER
Name	WRIGHT, TROY
Address	165 TREASURE STREET UNIT 203
City-State-Zip:	MERRITT ISLAND FL 32952

Title	D
Name	HOERTZ, JONATHAN
Address	200 BOUNTY STREET UNIT 204
City-State-Zip:	MERRITT ISLAND FL 32952

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: TROY WRIGHT**TREASURER****03/07/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date