

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 04 1996 8:00 am  
Secretary of State

DOCUMENT # 703412 (7)

1. Corporation Name

SOUTH MERRITT ISLAND PROPERTY OWNERS ASSOCIATION  
, INC.

Principal Place of Business

Mailing Address

P.O. BOX 372531  
SATELLITE BEACH FL 32937

P.O. BOX 372531  
SATELLITE BEACH FL 32937



3. Date Incorporated or Qualified 01/05/1962  
3a. Date of Last Report 05/01/1995

|                                |                     |   |   |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number   | Applied For   |
| 21                             | 26                  | 59-1714052  | Not Applicable  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
| 22                             | 27                  | <input type="checkbox"/>  |   |
| City & State                   | City & State        | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees   |
| 23                             | 28                  | <input type="checkbox"/>  |   |
| Zip                            | Country             | 24  | 25  |
| 29                             | 30                  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAIRD, KIRK  
2433 WILLOW BROOK RD.  
MERRITT ISLAND FL 32952

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| FL | 85 Zip Code  |

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                      | DP<br>BAIRD, KIRK<br>2433 WILLOWBROOK RD<br>MERRITT ISLAND FL        | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 1.2 NAME  |  |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | D<br>DOWNEY, PEGGY<br>11220 S. TROPICAL TRL<br>MERRITT ISLAND FL     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 2.2 NAME  |  |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | DV<br>RILEY, JAMES<br>6365 S TROPICAL TRAIL<br>MERRITT ISLAND FL     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 3.2 NAME  |  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      | SD<br>LAWSON, BARRI<br>11540 POINT DRIVE<br>MERRITT ISLAND FL        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      | D<br>BARRETT, CHRIS<br>11210 S TROPICAL TRAIL<br>MERRITT ISLAND FL   | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      | D<br>HENRY, RICHARD C<br>10630 S TROPICAL TRAIL<br>MERRITT ISLAND FL | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 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)(k), 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: *Thomas A. Hewson, Treas.* THOMAS A. HEWSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-96 407-454-3375  
Date Daytime Phone #

CR2E037 (12/95)