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FILED

Apr 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 703412 (7)**

1. Corporation Name

**SOUTH MERRITT ISLAND PROPERTY OWNERS ASSOCIATION
, INC.**

Principal Place of Business

**P.O. BOX 372531
SATELLITE BEACH FL 32937**

Mailing Address

**P.O. BOX 372531
SATELLITE BEACH FL 32937-0531**

3. Date Incorporated or Qualified

01/05/1962

3a. Date of Last Report

04/04/1996

4. FEI Number

59-1714052

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **DP** ☐ DELETE
NAME **BAIRD, KIRK**
STREET ADDRESS **2433 WILLOWBROOK RD**
CITY-ST-ZIP **MERRITT ISLAND FL**TITLE **D** ☐ DELETE
NAME **DOWNEY, PEGGY**
STREET ADDRESS **11220 S. TROPICAL TRL**
CITY-ST-ZIP **MERRITT ISLAND FL**TITLE **DV** ☐ DELETE
NAME **RILEY, JAMES**
STREET ADDRESS **6385 S TROPICAL TRAIL**
CITY-ST-ZIP **MERRITT ISLAND FL**TITLE **SD** ☐ DELETE
NAME **LAWSON, BARRI**
STREET ADDRESS **11540 POINT DRIVE**
CITY-ST-ZIP **MERRITT ISLAND FL**TITLE **DT** ☐ DELETE
NAME **HEWSON, THOMAS**
STREET ADDRESS **125 CRISPIN STREET**
CITY-ST-ZIP **MERRITT ISLAND FL**TITLE **D** ☐ DELETE
NAME **HENRY, RICHARD C**
STREET ADDRESS **10630 S TROPICAL TRAIL**
CITY-ST-ZIP **MERRITT ISLAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: **Thomas Hewson** **THOMAS HEWSON DT****4-3-97****407-454-3375**

CR2E037 (9/96)