

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90065 031 ****61.25

DOCUMENT # 708349

1. Entity Name

SOUTH MERRITT ESTATES ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 540176
MERRITT ISLAND FL 32954

Mailing Address

P.O. BOX 540176
MERRITT ISLAND FL 32954

20022634



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2939387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VANDEBERG, LANCE
715 CARAMBOLA DR
MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent

Name **ALEX SAVAS**

Street Address (P.O. Box Number is Not Acceptable)

530 ELLIOTT DR

City

MERRITT ISLAND

FL

Zip Code

32952

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME DEWEY, BILLY C
STREET ADDRESS 2175 HERON DR
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE SD ☒ Delete
NAME CAYLOR, BARBARA
STREET ADDRESS 180 S TROPICAL TR.
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE TD ☒ Delete
NAME DEWEY, LAVERNE T
STREET ADDRESS 2175 HERON DR
CITY-ST-ZIP MERRITT ISLAND FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME SAVAS, ALEX
STREET ADDRESS 530 ELLIOTT DR
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE SD ☒ Change ☐ Addition
NAME ERIC HANSEN
STREET ADDRESS 555 ELLIOTT DR
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE TD ☒ Change ☐ Addition
NAME SHARYN VANDEBERG
STREET ADDRESS 715 CARAMBOLA DR
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #