2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708349

FILED Apr 16, 2007 Secretary of State

Entity Name: SOUTH MERRITT ESTATES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 540176 2195 S. TROPICAL TRAIL MERRITT ISLAND, FL 32954 MERRITT ISLAND, FL 32952

Current Mailing Address: New Mailing Address:

P.O. BOX 540176 MERRITT ISLAND, FL 32954

FEI Number: 59-2939387 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAVAS, ALEX
530 ELLIOTT DR
530 ELLIOTT DR
530 ELLIOTT ISLAND, FL 32952 US
530 ELLIOTT DR
530 ELLIOTT DR
530 ELLIOTT DR
640 ELLIOTT DR
650 ELL

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: STEPHEN L. CAYLOR 04/16/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition Name: SAVAS, ALEX Name: VANDEBERG, SHARYN

Address: 530 ELLIOTT DR Address: 715 CARAMBOLA DR
City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD () Delete Title: S (X) Change () Addition

 Name:
 HANSEN, ERIC
 Name:
 BOATMAN, VIRGINIA

 Address:
 555 ELLIOTT DR
 Address:
 745 CARAMBOLA DR

 City-St-Zip:
 MERRITT ISLAND, FL 32952
 City-St-Zip:
 MERRITT ISLAND, FL 32952

Title: TD () Delete Title: T (X) Change () Addition

 Name:
 VANDERBERG, SHARYN
 Name:
 CAYLOR, STEPHEN L

 Address:
 715 CARAMBOLA DR
 Address:
 2180 S. TROPICAL TRAIL

 City-St-Zip:
 MERRITT ISLAND, FL 32953
 City-St-Zip:
 MERRITT ISLAND, FL 32952

Title: () Delete Title: V () Change (X) Addition

 Name:
 Name:
 PATRICIA, LIVINGSTON

 Address:
 Address:
 2195 HERON DRIVE

 City-St-Zip:
 City-St-Zip:
 MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEPHEN L. CAYLOR T 04/16/2007