## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 708349** 

FILED Feb 23, 2009 Secretary of State

Entity Name: SOUTH MERRITT ESTATES ASSOCIATION, INC.

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

2195 S. TROPICAL TRAIL 600 ELLIOTT DRIVE

MERRITT ISLAND, FL 32952 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:

CAYLOR, STEPHEN L KAMPHAUS, NEAL J 2180 S. TROPICAL TRAIL 600 ELLIOTT DRIVE

MERRITT ISLAND, FL 32952 US 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: NEAL J KAMPHAUS 02/23/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: P ( ) Delete Title: P (X) Change ( ) Addition

Name: VANDEBERG, SHARYN Name: SAVAS, ALEX M
Address: 715 CARAMBOLA DR Address: 530 ELLIOTT DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: MERRITT ISLAND, FL 32952

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

 Name:
 RICE, KARL
 Name:
 GOLDTHORP, SUSAN

 Address:
 523 ELLIOTT DRIVE
 Address:
 790 PINE PLACE

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

 Name:
 CAYLOR, STEPHEN L
 Name:
 KAMPHAUS, NEAL J

 Address:
 2180 S. TROPICAL TRAIL
 Address:
 600 ELLIOTT DRIVE

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

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

 Name:
 PATRICIA, LIVINGSTON
 Name:
 ERIC, HANSEN

 Address:
 2195 HERON DRIVE
 Address:
 555 ELLIOTT DRIVE

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

I hereby certify that the information supplied with this filing does not qualify 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: NEAL J KAMPHAUS T 02/23/2009