

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717329 (7)
1. Corporation Name
MERRITT SQUARE MERCHANTS ASSOCIATION, INC.

Principal Place of Business Mailing Address
777 E. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952-3501

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 10/09/1969	3a. Date of Last Report 05/01/1994
4. FEI Number 23-7153038	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

ROBERT E. HOUSE
777 E MERRITT ISLAND CAUSEWAY
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature of person named as registered agent, or both, as applicable)

(Signature of Registered Agent, or person named as such, as applicable)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MICHAEL MARY MICHEL, MARY
STREET ADDRESS	777 E.MERRITT ISL CSWY
CITY, ST, ZIP	MERRITT ISLAND FL 32952
TITLE	VPD
NAME	MONTES LEIGH
STREET ADDRESS	777 E MERRITT ISL CSWY
CITY, ST, ZIP	MERRITT ISLAND FL 32952
TITLE	SD
NAME	OLAH, SHIRLEY
STREET ADDRESS	777 E MERRITT ISL CSWY
CITY, ST, ZIP	MERRITT ISLAND FL 32952
TITLE	T
NAME	TESTA, DIXIE
STREET ADDRESS	777 E MERRITT ISL CSWY
CITY, ST, ZIP	MERRITT ISLAND FL 32952
TITLE	D
NAME	HOUSE, ROBERT E
STREET ADDRESS	777 E MERRITT ISL CSWY
CITY, ST, ZIP	MERRITT ISLAND FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	SD
33 STREET ADDRESS	BALLIS, TOM
34 CITY, ST, ZIP	777 E MERRITT ISL CSWY
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Sections 119.07(3)(b), 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 13 of this report, or as an attachment with an address.

SIGNATURE:

Robert E. House
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

907-952-3272
(Tallahassee Office)