

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 717329 1. Entity Name MERRITT SQUARE MERCHANTS ASSOCIATION, INC.	
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Principal Place of Business 777 E. MERRITT ISLAND CAUSEWAY MERRITT ISLAND, FL 32952-3501 US	Mailing Address 777 E. MERRITT ISLAND CAUSEWAY MERRITT ISLAND, FL 32952-3501 US
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DO NOT WRITE IN THIS SPACE



02022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7153038	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MALLAK, BERNARD L CPA
777 E MERRITT ISLAND CSWY #95
MERRITT ISLAND, FL 32952**

**DO NOT WRITE
IN THIS SPACE**

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 _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000098882 03/29/04-80060-015 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAUBEL, TERRA 777 E. MERRITT ISLAND CAUSEWAY #95 MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAMSDELL, RAY 777 E MERRITT ISLAND CAUSEWAY, #95 MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRILL, JAY 777 E. MERRITT ISLAND CAUSEWAY #95 MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLAK, BERNARD L CPA 777 E MERRITT ISLAND CSWY #95 MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURATORE, JOYCE 777 E MERRITT ISLAND CSWY #95 MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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	2-4-04 321-452-3272 x11 Date Daytime Phone #
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