

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 16, 2006  
Secretary of State**

DOCUMENT# 723500

Entity Name: MERRIE OAKS VILLAGE ASSOCIATION, INC

**Current Principal Place of Business:**

882 JACKSON AVE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

882 JACKSON AVE  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 59-6526112      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DAVIS, MARC  
882 JACKSON AVE  
WINTER PARK, FL 32789      US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CRAIG, JAMES  
Address: 264 BALFOUR DR.  
City-St-Zip: WINTER PK, FL 32792

Title: TD      ( ) Delete  
Name: AUFHAMMER, BARBARA  
Address: 246 BALFOUR DR.  
City-St-Zip: WINTER PARK, FL 32792

Title: VD      ( ) Delete  
Name: WELCH, JAMES  
Address: 260 BALFOUR DR  
City-St-Zip: WINTER PK, FL 32792

Title: PD      ( ) Delete  
Name: SKENE, GEORGE  
Address: 262 BALFOUR ROAD  
City-St-Zip: WINTER PARK, FL 32792

Title: SD      ( ) Delete  
Name: DONCSECZ, JAN  
Address: 244 BALFOUR DR.  
City-St-Zip: WINTER PARK, FL 32792

Title: D      (X) Delete  
Name: HYDE, VIOLET  
Address: 248 BALFOR DRIVE  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES CRAIG

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DP

03/16/2006

\_\_\_\_\_  
Date