FILED 2003 NOT-FOR-PROFIT CORPORATION Apr 24, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 723500 04-24-2003 90112 005 ****61.25 MERRIE OAKS VILLAGE ASSOCIATION, INC Principal Place of Business Mailing Address 444 W. NEW ENGLAND AVE. 444 W. NEW ENGLAND AVE. WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address 880. <u>JACKSO</u>O 88<u>9 JACKSUN</u> Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State FEI Number 59-6526112 Applied For FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, KEVIN Street Address (P.O. Box Number is Not Acceptable) 444 W NEW ENGLAND AVE SUITE B WINTER PARK FL 32789 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change TITLE Delete TITLE ☐ Addition CRAIG, JAMES CRAIG, JAMES NAME NAME 264 BALFOUR DR. STREET ADDRESS STREET ADDRESS WINTER PK FL 32792 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE AUFHAMMER, BARBARA AUFHAMMER, BARBARA NAME NAME 246 BALFOUR DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP :-TITLE ☐ Delete TITLE ☐ Change Addition WELCH, JAMES NAME NAME 260 BALFOUR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PK FL 32792 CITY-ST-7IP PD ☐ Delete ☐ Change ☐ Addition TITLE SKENE, GEORGE NAME NAME STREET ADDRESS 262 BALFOUR ROAD STREET ADDRESS CITY-ST-ZIP **WINTER PARK FL 32792** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DONCSECZ, JAN NAME NAME 244 BALFOUR DR. STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7/P

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

WINTER PARK FL 32792

Change

☐ Addition