## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 11, 2006 8:00 am Secretary of State **DOCUMENT # 745175** 04-11-2006 90108 014 \*\*\*\*61.25 1. Entity Name HEART OF MERRITT CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address DUU40431 205 S COURTNEY PKWY STE 200 1415 N ATLANTIC AVE COCOA BEACH FL 32931 MERRITT ISLAND FL 32952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E037 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 59-1874700 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUCKLEY, ALFRED Street Address (P.O. Box Number is Not Acceptable) 660 RIVER MOORINGS DR MERRITT ISLAND FL 32953 City Zip Code 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 20 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE X Delete Change ☐ Addition SMITH, ARDON J. NAME NAME 205 S. COURTENAY #200 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL City-St-ZIP CITY-ST-ZIP DP ☐ Delete TITLE TITLE ☐ Change ☐ Addition BUCKLEY, ALFRED NAME NAME 660 RIVER MODRINGS DR. STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BUCKLEY, CHERLY NAME STREET ADDRESS 660 RIVER MODRINGS DR. STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change NAME DALTON, RICK NAME STREET ADDRESS 2323 FINCH AVE STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32796 CITY-ST-7/P

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

- Altred Buckley

☐ Delete

☐ Delete

4-3-06

☐ Change

Change

☐ Addition

Addition

**FILED**