

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755608

FILED  
Mar 05, 2010  
Secretary of State

**Entity Name:** MERRITT ISLAND COOPERATIVE HOUSING ASSOCIATION, INC.

**Current Principal Place of Business:**

235 NORTH BANANA RIVER DRIVE  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

235 NORTH BANANA RIVER DRIVE  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

**FEI Number:** 38-2339287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOFFMAN, CHARLES  
235 N BANANA RIVER DR  
MERRITT ISLAND, FL 32952 US

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

BURNS, TOMAS PRES  
235 N BANANA RIVER DR  
MERRITT ISLAND, FL 32952 US

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: TOM BURNS

03/05/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BURNS, TOMAS  
Address: 215 BUCCANEER AVE. SUITE 101  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D  
Name: SAMUELS, ANN  
Address: 160 BOUNTY ST SUITE 101  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP  
Name: MAYNARD, ORVILLE  
Address: 200 BOUNTY STREET SUITE 205  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T  
Name: BURDO, DANIEL  
Address: 165 TREASURE ST SUITE 201  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S  
Name: WINNALL, EVELYN  
Address: 200 BOUNTY STREET SUITE 107  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D  
Name: SAVILLE, BRIAN  
Address: 160 BOUNTY STREET SUITE 103  
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby 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 all other like empowered.

SIGNATURE: TOMAS BURNS

P

03/05/2010

Electronic Signature of Signing Officer or Director

Date