

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 AM 8:42

DOCUMENT # 767580

(4)

1. Corporation Name

MERRITT RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

482 FALMOUTH AVE.
ATTN: MRS. A. STRADA, SEC.
MERRITT ISLAND FL 32952482 FALMOUTH AVE.
ATTN: MRS. A. STRADA, SEC.
MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1983

3a. Date of Last Report

07/05/1994

4. FEI Number

59-2285559

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status☐\$68.75 Supplemental
Fee Not Required8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRADA, ANITA L.
482 FALMOUTH AVE.
MERRITT ISLAND FL 32952

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DAY, DICK
STREET ADDRESS 505 SEACREST AVE.
CITY-ST-ZIP MERRITT ISL FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE SD
NAME STRADA, ANITA
STREET ADDRESS 482 FALMOUTH AVE
CITY-ST-ZIP MERRITT ISLAND FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE P
NAME VENICE, JOHN
STREET ADDRESS 513 SEACREST AVE.
CITY-ST-ZIP MERRITT ISLAND FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE D
NAME STRADA, ED
STREET ADDRESS 482 FALMOUTH AVE.
CITY-ST-ZIP MERRITT ISLAND FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE T
NAME WARD, LAURE
STREET ADDRESS 497 SEACREST AVE.
CITY-ST-ZIP MERRITT ISL FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN L. VENICE

1-13-95

Date

407-453-3077

City/State