


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 767720</b> 1. Entity Name MERCER CONDOMINIUM WAREHOUSE ASSOCIATION, INC.	
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Principal Place of Business 1600 MERCER AVE SUITE 6 WEST PALM BEACH, FL 33401	Mailing Address 1600 MERCER AVE SUITE 6 WEST PALM BEACH, FL 33401
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**DO NOT WRITE IN THIS SPACE**



02252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2375038	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

EASON, KEITH R  
1600 MERCER AVE  
SUITE 6  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EASON, KEITH R 1600 MERCER AVE., #6 WEST PALM BEACH, FL 33401
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIPPMAN, ELI P.O. BOX 1058 PALM BEACH, FL 33480
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURRELL, DUANE 1600 MERCER AVE #8 WEST PALM BEACH, FL 33401
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000272097  
03/21/05-80077-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

SIGNATURE: Keith R. Eason **Keith R. Eason** 03-15-05 561-655-7211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #