

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 767720

1. Entity Name
MERCER CONDOMINIUM WAREHOUSE ASSOCIATION,
INC.



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

DO NOT WRITE IN THIS SPACE



02042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2375038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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

000000013203

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

05/08/08-80006-022 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
SD
EASON, KEITH R
STREET ADDRESS
1600 MERCER AVE., #6
CITY-ST-ZIP
WEST PALM BEACH, FL 33401

TITLE
NAME
PD
LIPPMAN, ELI
STREET ADDRESS
P.O. BOX 1058
CITY-ST-ZIP
PALM BEACH, FL 33480

TITLE
NAME
VD
MURRELL, DUANE
STREET ADDRESS
1600 MERCER AVE #8
CITY-ST-ZIP
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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

SIGNATURE:

Keith R. Eason

Keith R. Eason

04-17-08 561-655-7211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #