


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 770024 (8) 1. Corporation Name MERRITT MILL POND HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
INC. PARISH, LINA M 5163-1 LAMAR DR. MARIANNA, FL 32446		INC. PARISH, LINA M 5163-1 LAMAR DR. MARIANNA FL 32446	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 PARISH, LINA M	26 PARISH, LINA M	08/29/1983	03/21/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22 5163-1 LAMAR DR.	27 5163-1 LAMAR DR.	59-2731008	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 MARIANNA, FLORIDA	28 MARIANNA, FLORIDA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 32446	25 JACKSON	29 32446	30 JACKSON
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PARISH, LINA M 5163-2 LAMAR DR. MARIANNA FL 32446		81 Name DEBBIE SEAY 82 Street Address (P.O. Box Number is Not Acceptable) 5163-1 LAMAR DR. 83 City MARIANNA FL 85 Zip Code 32446	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>Debbie E. Seay</i> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD	1.2 NAME	LEWIS, JOHN
STREET ADDRESS	5163-6 LAMAR DR.	1.3 STREET ADDRESS	5165-6 LAMAR DR.
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	MARIANNA, FL. 32446
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD	2.2 NAME	SEAY, DEBBIE
STREET ADDRESS	5163-1 LAMAR DR.	2.3 STREET ADDRESS	5163-1 LAMAR DR.
CITY-ST-ZIP	MARIANNA FL	2.4 CITY-ST-ZIP	MARIANNA, FL. 32446
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	3.2 NAME	SHUTES, ALETTA
STREET ADDRESS	5163-4 LAMAR DR.	3.3 STREET ADDRESS	5163-4 LAMAR DR.
CITY-ST-ZIP	MARIANNA FL	3.4 CITY-ST-ZIP	MARIANNA, FL. 32446
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	



CR2E037 (9/96)

14. I do hereby certify that the information supplied with this form 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 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 agent or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 of this report with an address.