## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

770024

(8)

## MERRITT MILL POND HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address							141 01811 91811	016(1 8161) (GD)
5163-1 LAMAR DR		5163-1 LAMAR DR			3. Date Incorporated or Qualified			
Marianna fl.     US	32446	MARIANNA FL 32446 US			08/29/1983			
**		••				4. FEI Number		Applied For
9 Oringinal P	lace of Business	2a. Mailing Address				59-2731008		Not Applicable
21	iace of Business	— ·	26. Mailing Address			5. Certificate of Status Desired		Additional Required
Suite, Apt	#, etc.	Suite, Apt. #, etc.	- initial and the second secon			6. Election Campaign Financing	4	May Be
22		27				Trust Fund Contribution Added to Fees		
City & State	e e	City & State	City & State			7. Is this nonprofit corporation a homeowners association?		
23	28				☐ Yes ☐ No			
Ζiρ	Country	Zip	Country	′		8. This corporation owes or has paid the cu		_ ~
24	9. Name and Address of Curr		30			Personal Property Tax due June 30.  10. Name and Address of New Registered		No
	S. INSINIE ETTE POSTESS OF COLL	BIR I TO GISTON OF THE PROPERTY OF THE PROPERT	81	Nai	ne	10. Name and Addises of New Hogistered	- Agoint	
OFAV D	CODIC							
SEAY, DEBBIE 5163-1 Lamar dr			82	Stre	et Addre	ss (P.O. Box Number is Not Acceptable)		
	NA FL 32446		83	1				
TO WHEN W	TOTAL CENTS		<u></u>				1551 36	- 0-1-
			84	City	′	FL	.  85   Zip	p Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statute	s, the above	e-nan	ed corpo	oration submits this statement for the purpose of	changing	its registered
office of fo	egistered agent, or both, in the Sta m familiar with, and accept the obl	igations of, Section 617.0503, Flor	utnorized by rida Statutet	y the i S.	corporatio	on's board of directors. I hereby accept the app	e inemink	is tedistered
OLONIATURE								
	Signature, typed or printed name of registered in			ent algn	sture required	d when reinstating) DATE	DIDEATA	200 (1) 40
12.	VD OFFICERS A	ND DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND	Change	
NAME	LEWIS, JOHN		1.1 TITLE 1.2 NAME		l l	•		, LI MOCINOIT
STREET ADDRESS	5165-6 LAMAR DR.		1.3 STREET	r ADDRE	92	₹.n		
CITY-ST-ZIP	MARIANNA FL		1.4 CITY- S		~			
TITLE	PD	☐ DELETE	21 TITLE	<u>,, -,,</u>			☐ Change	e Addition
NAME	SEAY, DEBBIE		2.2 NAME					
STREET ADDRESS	* * * * * * * * * * * * * * * * * * *		2.3 STREET	2.3 STREET ADDRESS				
CITY-ST-ZIP	MARIANNA FL			ST-ZIP		<u>.</u>		
TITLE	D				ļ	the state of the s	☐ Change	e [_] Addition
NAME	SHUTES, ALETTA		3.2 NAME					
STREET ADDRESS	5163-4 LAMAR DR		3.3 STREET		ss			
CITY-ST-ZIP	MARIANNA FL	DELETE	3.4. CITY - 5	ST-ZIP			Change	e □ Addition
TITLE   NAME		□ better	4.1 TITLE 4.2 NAME				CT CHRING	, LI Addition
STREET ADORESS			4.3 STREET		۱,			,
CITY-ST-ZIP			4.4 CITY-S		~			
TITLE		☐ DELETE	5.1 TITLE	, <u>.</u>	1		☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRE	ss			
CITY-ST-ZIP			5.4 CITY - S	T-ZIP				
TITLE		DELETE	6.1 TITLE	_			Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET		ss			
CITY-ST-ZIP	and the state of t	Mali ship films show his live to the	6.4 CITY - S	T-ZIP	totad is 5	Section 440 07/0V/IV Florida Ctatidae 14 miles	nyeifi. Shara 11	n a lada mantis -
indicated	con this annual report or supplied	with this hing does not quality for htal annual report is true and accu	rate exemp	at my	signature	action 119.07(3)(1), Florida Statutes. I further of a shall have the same legal effect as if made ur	order oath; i	that I am an
14. 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 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 porporation 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 an an attachment with an appears in								

SIGNATURE: X Joseph ( ) ( ) Nomi & 1111

2-21-98

**FILED** 

Mar 02 1998 8:00am

Secretary of State

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