FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 770024

1. Corporation Name

MERRITT MILL POND HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 5163-1 LAMAR DR MARIANNA FL 32446

Mailing Address

5163-1 LAMAR DR MARIANNA FL 32446

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90077 017 ****61.25

Date Incorporated or Qualifed

2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
21		26			08/29/1983		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number) 	olied For
22		27			59-2731008		Applicable
City & Stat	City & State	State		5. Certificate of Status Desired	\$8.75 A		
Zip Country Zip			Country		6. Election Campaign Financing	\$5.00	
24	25	29 30	0	Trust Fund Contribution		Added to) Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	tered Agent	
			81	Name			
SEAY, DE	BBIE		82	82 Street Address (P.O. Box Number is Not Acceptable)			
5163-1 LA							
	A FL 32446		83	83			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84	84 City 85 Zip Code			
			104	City	•	FL S Z	.000
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	named corpo	oration submits this statement for the purp	ose of changing its r	registered
office or a	registered agent, or both, in the State o im familiar with, and accept the obligati	f Florida. Such change was auth	norized by	the corporation	on's board of directors. I hereby accept the	appointment as reg	jisterea
	ini lamilar with, and accept the congati	oris or, decidir o 17.0000, 1 iona	a oundies	•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ager	t signature required	d when reinstating) D	ATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	VD	☐ DELETE	1.1 TITLE	}		☐ Change	Addition
NAME	LEWIS, JOHN		1.2 NAME	ľ			
STREET ADDRESS		i	1,3 STREET	ADDRESS			
CITY-ST-ZIP	ARAPARIA PA		1.4 CITY-S	ī			
TITLE	PD	☐ DELETE	2.1 TITLE	-		☐ Change	☐ Addition
NAME	SEAY, DEBBIE		2.2 NAME		•	-, -	
	5400 4 4 44415 DD		2.3 STREET	ANNOESS			
STREET ADDRESS	1						
CITY-ST-ZIP	MARIANNA FL	☐ DELETE	2.4 CITY-S 3.1 TITLE	1-419		☐ Change	Addition
TITLE	D ALEXTA		3.2 NAME	l l		L v	
NAME	SHUTES, ALETTA						
STREET ADDRESS	1		3.3 STREET	· · · · · · · · · · · · · · · · · · ·	·		
CITY-ST-ZIP	MARIANNA FL	Clasticate	3.4. CITY-S	T-ZIP		Change	Addition
TITLE		☐ DELETE	4.† ITTLE	ĺ		C1 custing	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP			4.4 CITY-S	r-ziP		F7.05	☐ Addisin-
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREE				
CITY-ST-ZIP			5.4 GITY-S	r-zip			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME	(6.2 NAME				,
STREET ADDRESS			6.3 STREE	ADDRESS			
CTTY-ST-ZIP			6.4 CITY-S				
14. I hereby	certify that the information supplied with	this filing does not qualify for th	ne exempt	on stated in S	Section 119.07(3)(i), Florida Statutes. I furt	ner certify that the In	iformation

indicated on this annual report or supplied who aris iming uses not quality for the exemption stated in section 119.07(3)(i), Florida Statutes. I rutiner certify that the informati 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 cath; 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 changes of an an attactory of the corporation of t

SIGNATURE: