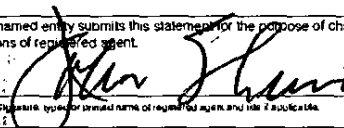
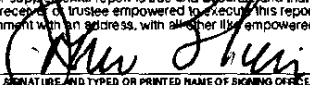


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90145 023 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770024			
1. Entity Name MERRITT MILL POND HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 5163-1 LAMAR DR MARIANNA, FL 32446 US		Mailing Address 5163-1 LAMAR DR MARIANNA, FL 32446 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip Country	
4. FEI Number 59-2731008		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SEAY, DEBBIE 5163-1 LAMAR DR MARIANNA, FL 32446		7. Name and Address of New Registered Agent Name JOHN S. LEWIS Street Address (Post Box Number is Not Acceptable) 5163-6 LAMAR DR. City MARIANNA FL Zip Code 32446	
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  DATE 4/17/03 Signature type or printed name of registered agent, and file 2 applications. (NOTE: Registered Agent's signature required when submitting.)			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, JOHN 5163-6 LAMAR DR. MARIANNA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - DIRECTOR ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEAY, DEBBIE 5163-1 LAMAR DR. MARIANNA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N.P. - DIRECTOR ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUTES, ALETTA 5163-4 LAMAR DR MARIANNA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 all other like empowered.			
SIGNATURE:  DATE 4/17/03 850-782-1657		Daytime Phone #	