# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 16, 2009**
**Secretary of State**

DOCUMENT# 770838

**Entity Name:** MERCHANTS' WALK PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4400 HIGHWAY 20 EAST
SUITE 312
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5036
NICEVILLE, FL 32578 US

**New Mailing Address:**

**FEI Number: 59-2397799** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

HEMMIG, JAMES
4400 HWY 20 E, #110
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: HEMMIG, JAMES
Address: 4400 HIGHWAY 20, SUITE 110
City-St-Zip: NICEVILLE, FL

Title: VPD ( ) Delete
Name: HOUSE, BYRAN A
Address: 4400 HWY 20 - SUITE 111
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete
Name: HERDEN, RAIMUND
Address: 4400 HWY 20 - SUITE 111
City-St-Zip: NICEVILLE, FL 32578

Title: ST ( ) Delete
Name: HARRIS, D S
Address: 4540 HIGHWAY 20 EAST SUITE 401
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete
Name: MCGINNIS, ALLEN
Address: 4400 HIGHWAY 20,SUITE 316
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES HEMMIG PD 06/16/2009
Electronic Signature of Signing Officer or Director — Date