

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771209

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: MERRITT TOWERS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1980 N ATLANTIC #701  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

1980 N ATLANTIC #701  
COCOA BEACH, FL 32931

**New Mailing Address:**

FEI Number: 59-2525798      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DAVIS, PETEY  
1980 N ATLANTIC AVE  
SUITE 701  
COCOA BEACH, FL 32931 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: VP ( ) Delete  
Name: MIKULSKI, STEVE  
Address: 200 S. SYKES CREEK PKWY #610  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD ( ) Delete  
Name: FUBLINGER, GLENICE  
Address: 250 S SYLES PKWY #605  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete  
Name: DRINKWATER, ANNA  
Address: 200 S SYKES CREEK PKWY 507  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: PD ( ) Delete  
Name: DARIA, BOB  
Address: 200 SYKES CREEK PKWY #501  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T ( ) Delete  
Name: CRAWFORD, PAT  
Address: 300 S. SYKES CREEK PKWY #505  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete  
Name: COTTANI, LOUIS  
Address: 200 S SKYES CREEK PKWY  
City-St-Zip: MERRITT ISLAND, FL 32952

**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:

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: BOB DARIA

PD

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date