

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90041 026 ****61.25

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1. Entity Name

MERCADO HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

4501-4505 MERCADES DR.
SEBRING FL 33872

Mailing Address

4501 MERCADO DR.
SEBRING FL 33872



2. Principal Place of Business

4501-4505 MERCADO

3. Mailing Address

4505 MERCADO DR.

1st MOORE

CR2E037 (10/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING FL 33872

4. FEI Number

84-1636721

Applied For

Not Applicable

Zip

Country

Zip

33872

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KARLSON, PAMELA T ESQ.
531 DEER BLVD.
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SMITH, JUDY
STREET ADDRESS 4501 MERCADO DRIVE
CITY-ST-ZIP SEBRING FL 33872

TITLE D ☐ Delete
NAME WARNER, LINDA
STREET ADDRESS 4503 MERCADO DR
CITY-ST-ZIP SEBRING FL 33872

TITLE P ☐ Delete
NAME JOHNSON, WANDA
STREET ADDRESS 4505 MERCADO DR.
CITY-ST-ZIP SEBRING FL 33872

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: WANDA JOHNSON Wanda Johnson 2/3/06 863-385-1275