


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90093 004 ****61.25

DOCUMENT # N02000004514			
1. Entity Name MERCADO HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 4501-4505 MERCADO SEBRING FL 33872		Mailing Address 4501 MERCADO HOMEOWNER ASSC, INC., 4505 MERCADO DR SEBRING FL 33872	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>4505 Mercado Drive</i>	
Suite, Apt. #, etc.		Suite, Apt. # etc	
City & State <i>Sebring FL</i>		City & State <i>Sebring FL</i>	
Zip <i>33872</i>	Country	Zip <i>33872</i>	Country <i>Hogwarts</i>
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 <i>Wanda Johnson</i> Street Address (P.O. Box Number is Not Acceptable) <i>4505 MERCADO DRIVE</i> <i>SEBRING FL</i> City <i>FL</i> Zip Code <i>33872</i>			

1st MOORE CR2E037 (10/06)

4. FEI Number **84-1636721** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, JUDY 4501 MERCADO DRIVE SEBRING FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARNER, LINDA 4503 MERCADO DR SEBRING FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSON, WANDA 4505 MERCADO DR. SEBRING FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* *1-30-2007* *1-863-382-3880*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #