


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90058 002 ****61.25

DOCUMENT # N02000004959							
1. Entity Name MERRICK LANDING HOMEOWNERS' ASSOCIATION, INC.							
Principal Place of Business 5401 SOUTH KIRKMAN ROAD SUITE 450 ORLANDO, FL 32819			Mailing Address P.O. BOX 531010 ORLANDO, FL 32853				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 03-0468975			
Applied For		Not Applicable					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 SOUTH KIRKMAN ROAD SUITE 450 ORLANDO, FL 32819			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COULTER, PRESTON		NAME				
STREET ADDRESS	6357 BLU-KNIGHT WAY		STREET ADDRESS				
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HAEUSEL, TAMIKO		NAME				
STREET ADDRESS	13419 CARROWAY STREET		STREET ADDRESS				
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP				
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KUSHMER, BETTY		NAME				
STREET ADDRESS	6333 BLU-KNIGHT LANE		STREET ADDRESS				
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP				
TITLE	DD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	LASKOWSKY, ANDREW		NAME	DD			
STREET ADDRESS	6351 BLU-KNIGHT LANE		STREET ADDRESS	MATTHEW KILKERR			
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	6432 MERRICK LANDING BVD			
				WINDERMERE, FL 34786			
TITLE	DD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BEGLEY, LINDA		NAME				
STREET ADDRESS	6345 BLU-KNIGHT LANE		STREET ADDRESS				
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Preston Coulter</u>			Date: <u>2/12/08</u>		Daytime Phone #: <u>407 877 3861</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

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