## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

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## DOCUMENT # N02000004959



MERRICK LANDING HOMEOWNERS' ASSOCIATION, INC. 40091140 Principal Place of Business Mailing Address 5401 SOUTH KIRKMAN ROAD P.O. BOX 531010 SUITE 450 ORLANDO, FL 32853 ORLANDO, FL 32819 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292008 CR2E037 (12/06) City & State City & State 4. FEI Number 03-0468975 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 SOUTH KIRKMAN ROAD Street Address (P.O. Box Number is Not Acceptable) **SUITE 450** ORLANDO, FL 32819 City Zip Code FL 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. TITLE Change TITLE ☐ Detete ☐ Addition NAME COULTER, PRESTON NAME 6357 BLU-KNIGHT WAY STREET ADDRESS STREET ADDRESS WINDERMERE, FL 34786 CITY-ST-77P CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME HAEUSEL, TAMIKO 13419 CARROWAY STREET STREET ADDRESS STREET ADDRESS WINDERMERE, FL 34786 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition KUSHMER, BETTY NAME NAME STREET ADDRESS 6333 BLU-KNIGHT LANE STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-7IP Addition MAHLEW KILKERR DIND 6432 MERRICK LANDING BIND Delete TITLE TITLE LASKOWSKY, ANDREW NAME NAME 6351 BLU-KNIGHT LANE STREET ADDRESS STREET ADDRESS WINDERMERE FL 34786 WINDERMERE, FL 34786 CITY-ST-71P CITY-ST-ZIP TITLE Change ☐ Addition ÐΒ ☐ Delete TITLE BEGLEY, LINDA NAME NAME 6345 BLU-KNIGHT LANE STREET ADDRESS STREET ADDRESS WINDERMERE, FL 34786 CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE STREET ADDRESS STREET ADDRESS 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.