

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90326 043 ****61.25

DOCUMENT # N04000000875

1. Entity Name
MERCERS HAMMOCK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**190 N WESTMONTE DRIVE
SUITE 100
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address
**190 N WESTMONTE DRIVE
SUITE 100
ALTAMONTE SPRINGS, FL 32714 US**

40063758



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
57-1197091

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL, MARILYN
C/O CENTRAL PROPERTY MANAGEMENT, INC.
190 N WESTMONTE DRIVE, SUITE 100
ALTAMONTE SPRINGS, FL 32714**

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

**Filing 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 P
NAME **STEAD, PATRICIA** ☐ Delete
STREET ADDRESS **1725 N CLARA AVENUE**
CITY- ST- ZIP **DELAND, FL 32720**

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

TITLE ST
NAME **CLARK, WILLIAM JR** ☐ Delete
STREET ADDRESS **1636 HASTINGS DRIVE**
CITY- ST- ZIP **DELTONA, FL 32725**

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

TITLE VP
NAME **HILTON, MATTHEW** ☐ Delete
STREET ADDRESS **280 MERCERS FERNERY ROAD**
CITY- ST- ZIP **DELAND, FL 32720**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/07
Date

386-626-6536
Daytime Phone #

PATRICIA STEAD