

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000875

FILED  
Feb 09, 2010  
Secretary of State

**Entity Name:** MERCERS HAMMOCK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1725 N. CLARA AVE.  
DELAND, FL 32720 US

**New Principal Place of Business:**

**Current Mailing Address:**

860 NORTH S.R. 434  
SUITE 1009  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

**FEI Number:** 57-1197091      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMPBELL, MARILYN  
860 NORTH S.R. 434  
SUITE 1009  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** STEAD, PATRICIA P  
**Address:** 1725 N CLARA AVENUE  
**City-St-Zip:** DELAND, FL 32720 US

**Title:** ST  
**Name:** CLARK, WILLIAM, JR ST  
**Address:** 1636 HASTINGS DRIVE  
**City-St-Zip:** DELTONA, FL 32725 US

**Title:** VP  
**Name:** HILTON, MATTHEW VP  
**Address:** 280 MERCERS FERNERY ROAD  
**City-St-Zip:** DELAND, FL 32720 US

**Title:** MGR  
**Name:** HERNQUIST, EDITH A MGR  
**Address:** 860 NORTH S.R. 434, SUITE 1009  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDITH A. HERNQUIST

MGR

02/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date