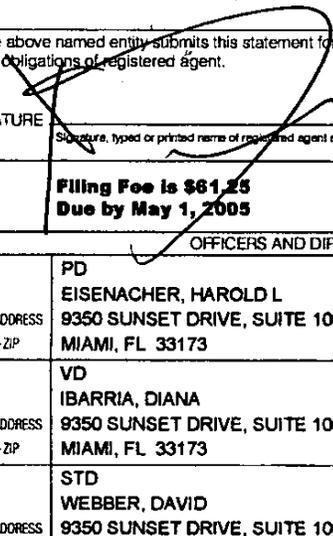


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90176 006 ****61.25

DOCUMENT # N04000008950			
1. Entity Name MERRICK PRESERVE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 9350 SUNSET DRIVE SUITE 100 MIAMI, FL 33173		Mailing Address 9350 SUNSET DRIVE SUITE 100 MIAMI, FL 33173	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent VAINDER, STEVEN J 200 SOUTH BISCAYNE BLVD. SUITE 4900 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name <u>Katzman & Kerr, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1501 NW 49 Street - Ste # 202</u> City <u>Fort Lauderdale, FL</u> Zip Code <u>33309</u>	
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 <u>3/29/05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD EISENACHER, HAROLD L 9350 SUNSET DRIVE, SUITE 100 MIAMI, FL 33173 <input checked="" 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	VD IBARRIA, DIANA 9350 SUNSET DRIVE, SUITE 100 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IBARRIA, DIANA - PRESIDENT 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEBBER, DAVID 9350 SUNSET DRIVE, SUITE 100 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEBBER, DAVID SEC-TREASURER 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 <input checked="" 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	MESSER, K. C. VICE PRESIDENT 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 <input type="checkbox"/> Change <input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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: 		Date: <u>4/12/05</u> Daytime Phone #: <u>954-846-7545</u>	

20047045



02262005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-1690330 Applied For Not Applicable

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