


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90065 027 ****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 - No P.O. Box #
**C/O Miami Management
 Suite, Apt. #, etc.
 1145 SAWGRASS CORP. PKWY**

3. Mailing Address
**C/O Miami Management
 Suite, Apt. #, etc.
 1145 SAWGRASS CORP. PKWY**

City & State
SUNRISE FL

City & State
SUNRISE FL

Zip
33323

Country
Broward

Zip
33323

Country
Broward

4. FEI Number
20-1690330

Applied For
 Not Applicable

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

03302007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**K
 KATZMAN & MORR, P.A.
 1501 NW 49 STREET
 SUITE 202
 FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	P HALPERT, JONATHAN 1145 SAWGRASS CORP PKWY FORT LAUDERDALE, FL 33323 <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	VP DICK, JON C. 1145 SAWGRASS CORP PKWY FORT LAUDERDALE, FL 33323 <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	TS KAY, MASON 1145 SAWGRASS CORP PKWY FORT LAUDERDALE, FL 33323 <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	VPT DIAZ, JON C 3154 MERRICK TERR POMPANO BEACH, FL 33063 <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	<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 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: _____ **Date** 4-24-07 **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR