

FILE NOW: FILING FEE IS \$61.25

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Mar 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N04048** (7)  
1. Corporation Name  
**MERCEDAS COURT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257** **ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257-7582**

3. Date Incorporated or Qualified **07/06/1984** 3a. Date of Last Report **04/12/1996**  
4. FEI Number **59-2512181** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

21. Principal Place of Business **410 Four Seasons mgmt** 22. Mailing Address **410 Four Seasons mgmt**  
22. Suite, Apt. #, etc. **10036 Sawgrass Dr.** 27. Suite, Apt. #, etc. **10036 Sawgrass Dr.**  
23. City & State **Ponte Vedra Beach, FL** 28. City & State **Ponte Vedra Beach, FL**  
24. Zip **32082** 25. Country Country 29. Zip **32082** 30. Country Country

9. Name and Address of Current Registered Agent  
**REDDING MANAGEMENT ONE SAN JOSE PLACE, SUITE 7 JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent  
81 Name **Four Seasons mgmt**  
82 Street Address (P.O. Box Number is Not Acceptable) **10036 Sawgrass Dr.**  
83  
84 **Ponte Vedra Beach FL** 85 Zip Code **32082**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Donald Munch DATE: 3/24/97  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELLS, CARL	1.2 NAME	D de Bauernfeind, Joe
STREET ADDRESS	3820 LAVISTA CIRCLE #105	1.3 STREET ADDRESS	3820 LaVista Circle #109
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, Fl. 32217
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERETZMAN, BILL	2.2 NAME	D Zerulik Morris #104
STREET ADDRESS	3820 LAVISTA CIR	2.3 STREET ADDRESS	3820 LaVista Circle
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, Fl. 32217
TITLE	AST <input type="checkbox"/> DELETE	3.1 TITLE	3.1 Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARAGA, LEONARD	3.2 NAME	
STREET ADDRESS	3820 LAVISTA CIRCLE #116	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	T S <input type="checkbox"/> DELETE	4.1 TITLE	4.1 Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, WILLIAM	4.2 NAME	
STREET ADDRESS	3820 LAVISTA CIRCLE #121	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASMAN, NORMA	5.2 NAME	
STREET ADDRESS	3820 LAVISTA CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl Wells DATE: 1-15-97  
Signature and typed or printed name of signing officer or director

CR2E037 (9/96)