
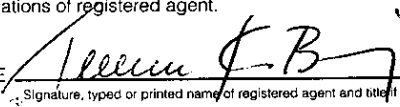


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90229 021 \*\*\*\*61.25

<b>DOCUMENT # N04048</b>			
1. Entity Name <b>MERCEDAS COURT CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business % <b>3820 LAVISTA CIRCLE, #113</b> <b>JACKSONVILLE FL</b> <b>US</b>		Mailing Address % <b>3820 LAVISTA CIRCLE, #113</b> <b>JACKSONVILLE FL</b> <b>US</b>	
2. Principal Place of Business		3. Mailing Address <b>6015 Morrow St E</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Ste 107</b>	
City & State		City & State <b>Jacksonville FL</b>	
Zip	Country	Zip	Country
<b>32217</b>	<b>USA</b>	<b>32217</b>	<b>USA</b>
6. Name and Address of Current Registered Agent <b>BANNING, TERENCE K</b> <b>6015 MORROW STREET EAST, #115</b> <b>JACKSONVILLE FL 32217</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>*Suite 107</b> City <b>FL</b> 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 		Terence K. Banning	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
		DATE <b>1/15/03</b>	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make Check Payable to Florida Department of State			



CHECK HERE IF MAKING CHANGES

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>VPD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JARCHOWER, HARVEY</b>	NAME	
STREET ADDRESS	<b>3820 LAVISTA CIR. #107</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERETZMAN, BILL</b>	NAME	
STREET ADDRESS	<b>3820 LAVISTA CIR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SARAGA, LEONARD</b>	NAME	
STREET ADDRESS	<b>3820 LAVISTA CIRCLE #116</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDSTEIN, WILLIAM</b>	NAME	
STREET ADDRESS	<b>3820 LAVISTA CIRCLE #121</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **2/1/03**

CR2E037 (10/02)