

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90104 045 \*\*\*\*61.25

**DOCUMENT # N05000007617**

1. Entity Name  
**THE MERCADO AT ROSEMARY BEACH OWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**5 MAIN STREET  
ROSEMARY BEACH, FL 32461**

Mailing Address  
**POST OFFICE BOX 611252  
ROSEMARY BEACH, FL 32461**

**66012388**



04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**20-3326999**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**JOHNSON, ZACK  
36132 EMERALD COAST PARKWAY  
DESTIN, FL 32541**

**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/24/08**

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
WEINER, STEVE  
POST OFFICE BOX 611337  
ROSEMARY BEACH, FL 32461**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VSD  
RUSSELL, DARRELL  
POST OFFICE BOX 611220  
ROSEMARY BEACH, FL 32461**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
GIFFORD, KEN  
POST OFFICE BOX 611061  
ROSEMARY BEACH, FL 32461**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND OFFICE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #