

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013074

FILED
Sep 18, 2009
Secretary of State

Entity Name: MORRILL ENCLAVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6583 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

New Principal Place of Business:

C/O ROSEBAY PROPERTIES
1815 S. OSPREY AVE.
SARASOTA, FL 34239

Current Mailing Address:

6583 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

New Mailing Address:

C/O ROSEBAY PROPERTIES
1815 S. OSPREY AVE.
SARASOTA, FL 34239

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DAHL, MARGARET
1815 S. OSPREY AVE.
SARASOTA, FL 34239 US

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.

SIGNATURE: MARGARET L. K. DAHL

09/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S () Change (X) Addition
Name: TRUE, WILLIAM C
Address: 7061 TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34231

Title: D () Change (X) Addition
Name: SCHAFFER, WILLIAM
Address: 12424 FORTS LAKE RD.
City-St-Zip: MOSS POINT, MS 39562

Title: D () Change (X) Addition
Name: CAVANAUGH SMITH, ANN
Address: 118 HIGHLAND ST.
City-St-Zip: ROXBURY, MA 02119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. TRUE

P

09/18/2009

Electronic Signature of Signing Officer or Director

Date