

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N07000003596

Entity Name: MERRYPLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1715 DIVISION AVE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

1715 DIVISION AVE
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNETT, CHARLOTTE ESQ
1612 TAMARIND AVE
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBINSON, LAUREL
Address: 1715 DIVISION AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VD () Delete
Name: ODUM, LINDA
Address: 1715 DIVISION AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: STD () Delete
Name: VALLURI, SARVESWARA
Address: 1715 DIVISION AVE
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAUREL ROBINSON

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date