

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07961

FILED  
May 26, 2005  
Secretary of State

**Entity Name:** MERRITT ISLAND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

120 VENETIAN WAY  
STE 18  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 541573  
MERRIT ISLAND, FL 329541573

**New Mailing Address:**

**FEI Number:** 59-2987228      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

SPENCER, SAMUEL J  
120 VENETIAN WAY, UNIT 15  
MERRITT ISLAND, FL 32953      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: DVP      ( ) Delete  
Name: MOLICA, PHILIP P  
Address: 255 NEEDLE BLVD  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DP      ( ) Delete  
Name: ROBERT J PARZEK,  
Address: 570 BELAIRE AVENUE  
City-St-Zip: MERRITT ISLAND, FL

Title: STD      ( ) Delete  
Name: ASHMAN, SHERRI  
Address: 120 VENETIAN WAY, #26  
City-St-Zip: MERRITT ISLAND, FL 32953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: MCCALLISTER, GLEN  
Address: P O BOX 541573  
City-St-Zip: MERRITT ISLAND, FL 32954

Title: VP      (X) Change ( ) Addition  
Name: ADRIANSEN, JAMES  
Address: P O BOX 541573  
City-St-Zip: MERRITT ISLAND, FL 32954

Title: STD      (X) Change ( ) Addition  
Name: JOYCE, SPENCER  
Address: P O BOX 541573  
City-St-Zip: MERRITT ISLAND, FL 32954

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GLEN MCCALLISTER

P

05/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date