

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16980

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** NORTH MERRITT ISLAND HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5555 N TROPICAL TRAIL  
MERRITT ISLAND, FL 32953 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 542372  
MERRITT ISLAND, FL 32953 US

**New Mailing Address:**

**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:**

BRAGG, CAROL  
4545 ANNETTE CT  
MERRITT ISLAND, FL 32953 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RATTERMAN, JACK  
Address: 568 E HALL RD  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SAAD ( ) Delete  
Name: PENN, RON  
Address: 1750 DEE DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD ( ) Delete  
Name: BRAGG, CAROL  
Address: 4545 ANNETTE CT  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VPD ( ) Delete  
Name: COOK, CHRIS  
Address: 1520 PINE ISLAND  
City-St-Zip: MERRITT ISLAND, FL 32953

**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:

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: CAROL L BRAGG

TD

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date