SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $200)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 10 AM 9:3
SECRETARY OF STAT
TALLAHASSEE, FLORIDA

DOCUMENT # **N22111** **(1)**

1. Corporation Name

MERRY OAKS TOWNHOMES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
C/O GARRETT MORGAN 1547 MERRY OAKS COURT TALLAHASSEE FL 32303 US	C/O ELSIE JOHNSTON 1523 MERRY OAKS CT. TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1987
3a. Date of Last Report: 07/25/1994
4. FEI Number: 59-2978739 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSTON, ELSIE 1523 MERRY OAKS CT. TALLAHAASEE FL 32303	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	VICE PRES.	☐ Change ☑ Addition
NAME	MORGAN, GARRETT	1.2 NAME	ROBERT WOELKE	
STREET ADDRESS	1547 MERRY OAKS CT.	1.3 STREET ADDRESS	1549 MERRY OAKS CT	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	PD	2.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	NOVAK, EDWARD	2.2 NAME	ELSIE JOHNSTON	
STREET ADDRESS	1553 MERRY OAKS CT.	2.3 STREET ADDRESS	1523 MERRY OAKS CT	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	D	3.1 TITLE	SEC/TREAS	☐ Change ☑ Addition
NAME	JOHNSTON, ELSIE	3.2 NAME	CONNIE CAULEY	
STREET ADDRESS	1523 MERRY OAKS CT.	3.3 STREET ADDRESS	1548 MERRY OAKS CT	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	VD	4.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	RANZINGER, CHERYL	4.2 NAME	CINDY OWENS	
STREET ADDRESS	1546 MERRY OAKS COURT	4.3 STREET ADDRESS	1532 MERRY OAKS CT	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	DST	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, JENNIFER	5.2 NAME		
STREET ADDRESS	1525 MERRY OAKS COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elsie Johnston 7/1/95 488-3456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ELSIE JOHNSTON

0002552