FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUMENT # N22111

(1)

MERRY OAKS TOWNHOMES HOMEOWNERS ASSOCIATION, INC				
				1 1861) 181 214 HEIR 1388 HEBRI 1480 3160 BIRLI BIRL
Principal Place of Business Mailing Address				
de Annette Singleton			500001839815	
C/O GARRET	TT MORGAN 'OAKS COURT \6\	C/O ELGIE JOHNSTON	•	-05/25/9601001027
TALLAHASSE		4523 MERRY OAKS CT. TALLAHASSEE FL 32303		***61.25
US				3. Date Incorporated or Qualified 3a. Date of Last Report 07/10/1995
2. Principal Place of Business		2a. Mailing Address	~ h. C	4. FEI Number Applied For
21 Suite, Apt. #, etc.		26 1548 Herry Oaks Gurt Suite, Apt. #, etc.		*
22		27)		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State 4		6. Election Campaign Financing \$5.00 May Be
23			·····	Trust Fund Contribution Added to Fees
Zip 24	Country 25	29 32303	Country	8. This corporation has liability for intangible tax under s. 199,032,
24	9. Name and Address of Current		[30]	Florida Statutes Yes No 10. Name and Address of New Registered Agent
	9, 110110	riogistorea rigora	81 Name <u>1</u>	
· IOHNGI	ton, elsie		82 Street A	Innette Singleton
			Address (P.O. Box Number is Not Acceptable)	
1523 MERRY OAKS CT. TALLAHAASEE FL 32303			83	10 mail on
17NLLYW N	ANGEL I E 02303			
			84 City Ta	allahussee, FL FL 85 32303
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.				
familiar with, and accept the obligations of Section 617.0503. Florida Statutes.				
SIGNATURE Signature, Private or printed name of registratives; and title if any cable. (NOTE: Registered Agent glonalitye required			Juried when reinstating: DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP	DELETE	1.1 TITLE	PRES Abbillion
NAME	Woelke, Robert	-	1.2 NAME	MATT BRIDGES
STREET ADDRESS	1549 MERRY OAKS COURT		1.3 STREET ADDRESS	1532 Meny Cars Ct.
CITY-ST-ZIP	TALLAHASSEE FL	Antitat	1.4 C(TY - ST - ZIP	Iglahassee, FZ 32305
TITLE	PRES	DELETE	2.1 TITLE	Change Raddition
NAME CTOSET ADDRESS	JOHNSTON, ELSIE		2.2 NAME	Annette Singleton
STREET ADDRESS	1523 MERRY OAKS COURT		2.3 STREET ADDRESS	1548 Merry Oaks Court
CITY-ST-ZIP TITLE	TALLAHASSEE FL	DELETE	2. 4 City - St - ZiP 3.1 TitlE	Tallahassee, FL 32303
NAME	SECT CAULEY, CONNIE	A Section	■ 1	DA. A. MOONEE
STREET ADDRESS	1548 MERRY OAKS COURT		3.3 STREET ADDRESS	1519 Mern Ocks Corus
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITV. CT. 7ID	Tullabassee FL 32203
TITLE	D	DELETE	4.1 TITLE	CINDY BRIDGES
NAME	OWENS, CINDY		4. 2 NAME	CIMOY BRICES,
STREET ADDRESS	1532 MERRY OAKS COURT		4.3 STREET ADDRESS	1532 Merry Oaks Ct.
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY - ST - ZIP	Tallahassee, FL 32303
TITLE	DST	ELETE	5.1 TITLE	Change Addition
NAME	JOHNSTON, JENNIFER	** 4	5.2 NAME	Johnston, Tenniter
STREET ADDRESS	1525 MERRY OAKS COURT		5.3 STREET ADDRESS	1525 Merry Daks Ct.
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY - ST - ZIP	Tallahassie FL 32303
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	and the that the information supplied up	into the filling to redunctority formulat	6.4 CITY-ST-ZIP	7 () 440 07/0/1 Fix the District
certify that	it the information indicated on this annua	al report or supplemental annua	al report is true and acc	ify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further curate 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 phaloged, or of an attachment with an address.				

HINTED NAME OF SIGNING OFFICER OR DIRECTOR