

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90007 038 ****61.25

DOCUMENT # N22111

1. Corporation Name

MERRY OAKS TOWNHOMES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

1553 MERRY OAKS CT
C/O SUSAN CORNWELL
TALLAHASSEE FL 32303
US

Mailing Address

1553 MERRY OAKS CT
C/O SUSAN CORNWELL
TALLAHASSEE FL 32303
US



2. Principal Place of Business

21 1512 Merry Oaks Ct

2a. Mailing Address

26 1512 Merry Oaks Ct.

3. Date Incorporated or Qualified

08/19/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2978739

Applied For
Not Applicable

22 City & State

23 Tallahassee FL

27 City & State

28 Tallahassee FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

25 32303 USA

29 Zip Country

30 32303 USA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HARTSFIELD, FAE
1520 MERRY OAKS CT
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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 Jae Hartsfield

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/9/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HARTSFIELD, FAE
STREET ADDRESS 1520 MERRY OAKS CT
CITY-ST-ZIP TALLAHASSEE FL

TITLE VPD ☒ DELETE

NAME DUGGER, SUSAN
STREET ADDRESS 1527 MERRY OAKS CT
CITY-ST-ZIP TALLAHASSEE FL

TITLE TT ☐ DELETE

NAME CORNWELL, SUSAN
STREET ADDRESS 1553 MERRY OAKS CT
CITY-ST-ZIP TALLAHASSEE FL

TITLE T ☒ DELETE

NAME JOHNSTON, JENNIFER
STREET ADDRESS 1525 MERRY OAKS CT
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☐ Change ☒ Addition

1.2 NAME Jodi Tomlinson
1.3 STREET ADDRESS 1512 Merry Oaks Ct.
1.4 CITY-ST-ZIP Tallahassee, FL 32303

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VD ☒ Change ☐ Addition

3.2 NAME Susan Cornwell
3.3 STREET ADDRESS 1553 Merry Oaks Ct.
3.4 CITY-ST-ZIP Tallahassee FL 32303

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Jae Hartsfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/99

Date

850 385 6480

Daytime Phone #

CR2E037 (5/99)