

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90083 019 ****61.25

DOCUMENT # N29601

1. Entity Name
MERCHANTS PARK I ASSOCIATION, INC.



Principal Place of Business
**859 PARK AVE
STE 100
ORANGE PARK, FL 32073**

Mailing Address
**859 PARK AVENUE, SUITE 100
ORANGE PARK, FL 32073**

40053308



2. Principal Place of Business

10225 Heather Glen Dr.
Suite, Apt. #, etc.

3. Mailing Address

10225 Heather Glen Dr.
Suite, Apt. #, etc.

04042006 Chg-NP CR2E037 (11/05)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number
59-3013168

Applied For
Not Applicable

Zip
32256

Country
U.S.

Zip
32254

Country
U.S.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VANN, MARGARET L
859 PARK AVENUE
STE 100
ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent

Name **William H. Grant**
Street Address (P.O. Box Number is Not Acceptable)
10225 Heather Glen Drive
City **Jacksonville** FL Zip Code **32256**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DVP** ☒ Delete
NAME **Vann, Harry**
STREET ADDRESS **ABSHIRE, KYLE**
CITY-ST-ZIP **859 PARK AVE, SUITE 102
ORANGE PARK, FL 32073**

TITLE **T** ☒ Delete
NAME **VANN, MARGARET**
STREET ADDRESS **859 PARK AVE, STE 100**
CITY-ST-ZIP **ORANGE PARK, FL**

TITLE **DP** ☒ Delete
NAME **Drawdy, Scott**
STREET ADDRESS **VANN, HARRY**
CITY-ST-ZIP **859 PARK AVE STE 100
ORANGE PARK, FL**

TITLE **DS** ☒ Delete
NAME **GRANT, BILL**
STREET ADDRESS **859 PARK AVE, SUITE 104**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** ☒ Change ☐ Addition
NAME **Vann Harry**
STREET ADDRESS **859 Park Avenue, Ste. 100**
CITY-ST-ZIP **Orange Park, FL 32073**

TITLE **DST** ☒ Change ☐ Addition
NAME **Grant, Bill**
STREET ADDRESS **10225 Heather Glen Dr**
CITY-ST-ZIP **859 Park Ave Jacksonville, FL 32256**

TITLE **DP** ☒ Change ☐ Addition
NAME **Drawdy, Scott**
STREET ADDRESS **776 Foxridge Center Drive**
CITY-ST-ZIP **Orange Park, FL 32065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-08-06

Daytime Phone #

904-278-3674