

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90055 015 \*\*\*\*61.25

**DOCUMENT # N48355**

1. Entity Name

MERIDA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

990 CAPE MARCO DR  
MARCO ISLAND FL 34145

Mailing Address

PO BOX 2397  
MARCO ISLAND FL 34146

**50012836**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0325151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURT, CHRISTOPHER  
601 ELKCAM B-7  
MARCO ISLAND FL 34145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	STD	<input type="checkbox"/> Delete
NAME	WATERBURY, SALLY	
STREET ADDRESS	990 CAPE MARCO DR	
CITY- ST- ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARRARD, PATRICK	
STREET ADDRESS	990 CAPE MARCO DR	
CITY- ST- ZIP	MARCO ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZHULKIE, PAUL	
STREET ADDRESS	2245 N. GROVE ST	
CITY- ST- ZIP	MARQUETTE MI 49855	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LANE, JOSEPH P	
STREET ADDRESS	990 CAPE MARCO DR.	
CITY- ST- ZIP	MARCO ISLAND FL 33937	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RHODE, ULRICH	
STREET ADDRESS	990 CAPE MARKO DR	
CITY- ST- ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON C. TITO	
STREET ADDRESS	990 CAPE MARCO DR	
CITY- ST- ZIP	MARCO ISL 34145	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. 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 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:

*Sally S. Waterbury*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05

239-642-8872  
Daytime Phone #