SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -3 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004569 (9)

1. Corporation Name

MERRITTS MILL POND ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
3921 US HWY 90 MARIANNA FL 32446	P.O. BOX 249 MARIANNA FL 32446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1994
3a. Date of Last Report:
4. FEI Number: [X] 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: [X] 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 P. O. Box 6124
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MILTON, WILLIAM H III
3921 US HWY 90
MARIANNA FL 32446

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 _____ 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	11 TITLE	S/T
NAME	COWAN, GARRISON	12 NAME	Foster, Leon
STREET ADDRESS	5089 OLD HICKORY CIRCLE	13 STREET ADDRESS	5052 Blue Springs Rd.
CITY-ST-ZIP	MARIANNA FL	14 CITY-ST-ZIP	Marianna, FL 32446
			[ ] Change [ ] Addition
TITLE	D	21 TITLE	D
NAME	FUQUA, HARRY	22 NAME	McCrea, Henry
STREET ADDRESS	4938 FLYNT DR.	23 STREET ADDRESS	P. O. Box 951 N/A
CITY-ST-ZIP	MARIANNA FL	24 CITY-ST-ZIP	Marianna, FL 32447
			[X] Change [ ] Addition
TITLE	D	31 TITLE	C
NAME	KRANKER, RICHARD L	32 NAME	KRANKER, Richard L
STREET ADDRESS	2966 HUNTER FISH CAMP RD.	33 STREET ADDRESS	2966 HUNTER FISH CAMP Rd.
CITY-ST-ZIP	MARIANNA FL	34 CITY-ST-ZIP	MARIANNA, FL 32446
			[X] Change [ ] Addition
TITLE	ST	41 TITLE	D
NAME	MILTON, WILLIAM H III	42 NAME	Bannerman, Robert
STREET ADDRESS	3943 W. HWY 90	43 STREET ADDRESS	P. O. Box 360 N/A
CITY-ST-ZIP	MARIANNA FL 32446	44 CITY-ST-ZIP	Marianna, FL 32447
			[X] Change [ ] Addition
TITLE		51 TITLE	D
NAME		52 NAME	Lamar, John
STREET ADDRESS		53 STREET ADDRESS	5151 Lamar Dr. 32447
CITY-ST-ZIP		54 CITY-ST-ZIP	
			[ ] Change [ ] Addition
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Leon Foster 6-6-95 (904)593-6636
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0010180