

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 27, 1999 8:00 am
Secretary of State

07-27-1999 90008 003 ****61.25

DOCUMENT # **N94000005716** ✓

1. Corporation Name

MERRITT PARK PLACE GROUP, INC.

596097 - 90008 - 3

Principal Place of Business

%SANDRA E NATOWICH
110 N TROPICAL TRAIL
MERRITT ISLAND FL 32953

Mailing Address

%SANDRA E NATOWICH
110 N TROPICAL TRAIL
MERRITT ISLAND FL 32953



2. Principal Place of Business

21 **321 Pioneer Rd**

2a. Mailing Address

26 **321 Pioneer Rd.**

3. Date Incorporated or Qualified

11/17/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-3310405

Applied For

Not Applicable

City & State

23 **MERRITT ISLAND, FL**

City & State

28 **MERRITT ISLAND, FL**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

24 **32953**

Zip

Country

29 **32953**

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NATOWICH, SANDRA E

~~110 N TROPICAL TRAIL~~ **321 Pioneer Rd.**
MERRITT ISLAND FL 32953 **Merritt Is, FL**
32953

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **C**
STREET ADDRESS **LAMBKIN, GINNY**
CITY-ST-ZIP **230 N GROVE ST**
MERRITT ISLAND FL 32952

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

VC
RICHARD CHAMPON
3141 NEWFOUND HARBOR DR.
MERRITT IS. FL 32952
☐ Change ☒ Addition

TITLE ☐ DELETE
NAME **VC**
STREET ADDRESS **NATOWICH, SANDRA E**
CITY-ST-ZIP **110 NORTH TROPICAL TRAIL**
MERRITT ISLAND FL 32952

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

C
321 Pioneer Rd
MERRITT IS. FL 32953
☒ Change ☐ Addition

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **VOGT, JERE**
CITY-ST-ZIP **275 TANGERINE AVENUE**
MERRITT ISLAND FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

T
LINDA KUNTZ
360 TANGERINE AVE.
MERRITT IS. FL, 32953
☐ Change ☒ Addition

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **WILKINS, PAT**
CITY-ST-ZIP **105 N. GROVE STREET**
MERRITT ISLAND FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

S
DICK DAY
3785 LAURETTE RD.
MERRITT IS. FL 32952
☐ Change ☒ Addition

TITLE ☐ DELETE
NAME **8**
STREET ADDRESS **MCGIRR, DEBRA**
CITY-ST-ZIP **264 N GROVE ST**
MERRITT ISLAND FL 32952

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D
☒ Change ☐ Addition

TITLE ☐ DELETE
NAME **J**
STREET ADDRESS **JONES, DANIEL J.**
CITY-ST-ZIP **140 W MERRITT ISLAND CAUSEWAY**
MERRITT ISLAND FL 32952

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
☒ Change ☐ Addition

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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/99

Date

407-452-7668

Daytime Phone #

CR2E037 (5/99)