

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000005716

1. Entity Name
MERRITT PARK PLACE GROUP, INC.



Principal Place of Business
**PO BOX 541735
MERRITT ISLAND FL 32954**

Mailing Address
**PO BOX 541735
MERRITT ISLAND FL 32954**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number
59-3310405

Applied For
☐ Not Applied

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

6. Name and Address of Current Registered Agent
**NATOWICH, SANDRA E
321 PIONEER RD
MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW: 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHANNON, DON PO BOX 541735 MERRITT ISLAND FL 32954	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRING, BETH 291 N COURTENAY PKWY MERRITT ISLAND FL 32953	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMBKIN, CLAUDIA 236 N. GROVE ST MERRITT ISLAND FL 32953	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOVER, GARY PO BOX 541735 MERRITT ISLAND FL 32954	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANSON, DEENA 135 MYRTICE AVE MERRITT ISLAND FL 32953	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADDOCK, CONNIE 231 N. GROVE ST MERRITT ISLAND FL 32953	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Add

**U00000487370
04/13/06-80075-004 61.25**

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Claudia Lambkin* **3-28-2006**