

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90035 050 ****61.25

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1. Entity Name
MERION ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C & S CONDOMINIUM MGMT SERVICES
3401 32ND ST. W SUITE A-20
BRADENTON, FL 34205**

Mailing Address
**C & S CONDOMINIUM MGMT SERVICES
3401 32ND ST. W SUITE A-20
BRADENTON, FL 34205**

2. Principal Place of Business - No P.O. Box #
**4301 32nd St W
Suite, Apt. #, etc.
A20**

3. Mailing Address
**4301 32nd St. W
Suite, Apt. #, etc.
A20**

City & State
Bradenton, FL
Zip
34205

City & State
Bradenton, FL
Zip
34205



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3317463

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C & S CONDO MGMT SERVICES INC
4301 32ND ST. WEST
SUITE A-20
BRADENTON, FL 34205**

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 _____
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, 2008**

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	V	<input type="checkbox"/> Delete
NAME	BERK, DICK	
STREET ADDRESS	8739 GREY OAKS AVE.	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	P	<input type="checkbox"/> Delete
NAME	DALTON, KEVIN	
STREET ADDRESS	8723 GREY OAKS AVENUE	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	T	<input type="checkbox"/> Delete
NAME	VESPOCI, JOE	
STREET ADDRESS	8759 GREY OAKS AVE.	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAMUNO, ROSEMARY	
STREET ADDRESS	8735 GREY OAKS AVE	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMSHAW, ROGER	
STREET ADDRESS	8753 MERION AVE	
CITY-ST-ZIP	SARASOTA, FL 34238	
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 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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #