

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000106

FILED
Apr 25, 2005
Secretary of State

Entity Name: MERRILL HILLS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

463499 STATE ROAD 200
YULEE, FL 32097 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1987
YULEE, FL 320411987 US

New Mailing Address:

FEI Number: 59-3353296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, TERRELL J
463499 STATE ROAD 200
YULEE, FL 32097 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEBERT, NORMAN
Address: 9280 TOPOHILL CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: GORACZEWSKI, JIM
Address: 9281 DALE VIEW LANE EAST
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD () Delete
Name: MARQUEZ, JILL
Address: 9274 DALE VIEW LANE EAST
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: ALSTON, ANDRE
Address: 9250 DALE VIEW LANE WEST
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: ALDRIDGE, BILL
Address: 9260 TOPOHILL COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD () Delete
Name: SMITH, BRIAN
Address: 2610 DALE VIEW DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRELL J POWELL

RA

04/25/2005

Electronic Signature of Signing Officer or Director

Date