


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90058 011 ****61.25

DOCUMENT # N02000006887

1. Entity Name
MILLS COVE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**600 LAKE MILLS RD.
 CHULUOTA, FL 32766**

Mailing Address
**600 LAKE MILLS RD.
 CHULUOTA, FL 32766**



2. Principal Place of Business
3037 KINGFISHER PT
 Suite, Apt. #, etc.

3. Mailing Address
3037 KINGFISHER PT
 Suite, Apt. #, etc.

02122006 Chg-NP CR2E037 (11/05)

City & State
CHULUOTA, FL

City & State
CHULUOTA, FL

Zip Country
32766 USA

Zip Country
32766 USA

4. FEI Number
01-0755285

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

AXEL, DAVID E
600 LAKE MILLS RD.
CHULUOTA, FL 32766

7. Name and Address of New Registered Agent

Name **Thomas Washburn**

Street Address (P.O. Box Number is Not Acceptable)
3037 KINGFISHER PT

City **CHULUOTA** FL Zip Code **32766**

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]* DATE **2/21/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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	D BISHOP, WILLIAM L P850 DYSON DR WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AXEL, DAVID E 600 LAKE MILLS RD. CHULUOTA, FL 32766 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANLEY, MICHAEL D 698 SAMUELSON CT WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas Washburn 3037 KINGFISHER PT CHULUOTA, FL 32766 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMUEL MASON 3024 KINGFISHER PT CHULUOTA, FL 32766 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL STAPLETON 3030 KINGFISHER PT CHULUOTA, FL 32766 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE **2/21/06** DAYTIME PHONE # **407-971-8233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR