


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000006887
1. Entity Name
MILLS COVE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**3037 KINGFISHER PT
CHULUOTA, FL 32766**

Mailing Address
**3037 KINGFISHER PT
CHULUOTA, FL 32766**



01152007 No Chg-NP CR2E037 (4/06)

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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
**WASHBURN, THOMAS
3037 KINGFISHER PT
CHULUOTA, FL 32766**

DO NOT WRITE IN THIS SPACE

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 renaming) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WASHBURN, THOMAS 3037 KINGFISHER PT CHULUOTA, FL 32766 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MASON, SAMUEL 3024 KINGFISHER PT CHULUOTA, FL 32766 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D STAPLETON, MICHAEL 3030 KINGFISHER PT CHULUOTA, FL 32766 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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01/24/07-80083-009 61.25

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: Thomas Washburn 1/17/07 407-971-8235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #