

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 14, 2009
Secretary of State**

DOCUMENT# N02000006887

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

Current Principal Place of Business:

3037 KINGFISHER PT
CHULUOTA, FL 32766

New Principal Place of Business:

Current Mailing Address:

3037 KINGFISHER PT
CHULUOTA, FL 32766

New Mailing Address:

FEI Number: 01-0755285 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WASHBURN, THOMAS
3037 KINGFISHER PT
CHULUOTA, FL 32766 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: THOMAS E WASHBURN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WASHBURN, THOMAS
Address: 3037 KINGFISHER PT
City-St-Zip: CHULUOTA, FL 32766

Title: D () Delete
Name: NERIS, FRED
Address: 3000 KINGFISHER PT
City-St-Zip: CHULATA, FL 32766

Title: D () Delete
Name: FURE, MARVIN
Address: 3054 KINGFISHER PT
City-St-Zip: CHULATA, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: NERIS, FRED
Address: 3000 KINGFISHER PT
City-St-Zip: CHULUOTA, FL 32766

Title: D (X) Change () Addition
Name: INGARI, LISA
Address: 3054 KINGFISHER PT
City-St-Zip: CHULUOTA, FL 32766

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THOMAS E WASHBURN

Electronic Signature of Signing Officer or Director

D

10/14/2009

Date