

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006887

FILED  
Jan 05, 2010  
Secretary of State

**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 ( )

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DT  
Name: WASHBURN, THOMAS  
Address: 3037 KINGFISHER PT  
City-St-Zip: CHULUOTA, FL 32766

Title: DS  
Name: NERIS, FRED  
Address: 3000 KINGFISHER PT  
City-St-Zip: CHULUOTA, FL 32766

Title: D  
Name: INGARI, LISA  
Address: 3054 KINGFISHER PT  
City-St-Zip: CHULUOTA, FL 32766

I hereby 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 all other like empowered.

SIGNATURE: THOMAS E WASHBURN

DT

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date