2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000356

Entity Name: MILL CREEK LANDING ASSOCIATION, INC.

FILED Jan 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11555 CENTRAL PARKWAY SUITE 801 JACKSONVILLE, FL 32224

New Mailing Address: Current Mailing Address:

11555 CENTRAL PARKWAY SUITE 801 JACKSONVILLE, FL 32224

FEI Number: 20-8219072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT, LLC 11555 CENTRAL PARKWAY SUITE 801 JACKSONVILLE, FL 32224 US

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:

Name:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete PEARLMUTTER, CAROLINE Name: 10475 FORTUNE PKWY., SUITE 100 Address:

City-St-Zip: JACKSONVILLE, FL 32256

Title: VD () Delete Name: GOWENS, DARREN

Address: 10475 FORTUNE PKWY., SUITE 100

City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete MUSTON, BRAD Name:

10475 FORTUNE PKWY., SUITE 100 Address:

City-St-Zip: JACKSONVILLE, FL 32256 Address: 10475 FORTUNE PKWY., SUITE 100

JACKSONVILLE, FL 32256

City-St-Zip:

CHAKY, CHRIS

Title: (X) Change () Addition

Name: GOWENS, DARREN

Address: 10475 FORTUNE PKWY., SUITE 100

City-St-Zip: JACKSONVILLE, FL 32256

Title: (X) Change () Addition

Name: SPALTEN, JOSH

10475 FORTUNE PKWY., SUITE 100 Address:

City-St-Zip: JACKSONVILLE, FL 32256

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: FIRST COAST ASSOCIATION MANAGMENT

RΑ

01/22/2009