

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009107

FILED
Apr 30, 2008
Secretary of State

Entity Name: OLD MILL PRESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

501 CATTLEMEN RD., STE, 100
SARASOTA, FL 34232

New Principal Place of Business:

501 CATTLEMEN RD., STE, 100
SUITE 100
SARASOTA, FL 34232

Current Mailing Address:

501 CATTLEMEN RD., STE, 100
SARASOTA, FL 34232

New Mailing Address:

501 CATTLEMEN RD., STE, 100
SUITE 100
SARASOTA, FL 34232

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, AMY S ESQ
ICARD, MERRILL, CULLIS, TIM, FUREN & GINSB
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237 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: D () Delete
Name: KEMPTON, STEVE
Address: 501 CATTLEMEN RD., STE, 100
City-St-Zip: SARASOTA, FL 34232

Title: DV () Delete
Name: SHIVER, ROBERT
Address: 501 CATTLEMEN RD., STE, 100
City-St-Zip: SARASOTA, FL 34232

Title: DV () Delete
Name: FOOTE, TERRY
Address: 501 CATTLEMEN RD., STE, 100
City-St-Zip: SARASOTA, FL 34232

Title: DVTS () Delete
Name: CAMPBELL, MICHELLE
Address: 501 CATTLEMEN RD., STE, 100
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: TERRY FOOTE

DV

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date