

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90092 014 \*\*\*\*61.25

<b>DOCUMENT # N02000000353</b>					
<b>1. Entity Name</b> MILL POINT LANDING HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 726 THOMAS DRIVE PANAMA CITY, FL 32408			<b>Mailing Address</b> PO BOX 27279 PANAMA CITY BEACH, FL 32411		
<b>2. Principal Place of Business</b> 100 Cashel MARA DR		<b>3. Mailing Address</b> P.O. Box 1631			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> PANAMA CITY FL		<b>City &amp; State</b> LYNN HAVEN FL		<b>4. FEI Number</b> 01-0574376	
<b>Zip</b> 32409		<b>Country</b> BAY		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> HAMM, W GERALD 1007 JENKS AVE PANAMA CITY, FL 32401			<b>7. Name and Address of New Registered Agent</b> Name: <u>GERALD GROSS</u> Street Address (P.O. Box Number is Not Acceptable): <u>109 CASHIEL MARA DR</u> City: <u>PANAMA CITY</u> <b>FL</b> Zip Code: <u>32409</u>		
<b>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.</b>					
SIGNATURE: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>2/28/05</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DPS COUNTS, STEVE G PO BOX 27279 PANAMA CITY, FL 32411	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D MEINTS, MICHAEL 433 BAYSHORE DRIVE PANAMA CITY BEACH, FL 32407	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D WILLIAM, DAVID 3400 BRADENTON AVE PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D ENGLISH, TOM 2121 HARRISON AVE PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Empty]	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Empty]	<input type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D/PB GERALD GROSS 109 CASHIEL MARA DR PANAMA CITY FL 32409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D GEORGE MERCER 523 S. GAY AV. PANAMA CITY FL 32404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D GEORGE KLUZ 113 CANDLEWICK PL PANAMA CITY FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>2/28/05</u> DAYTIME PHONE #: <u>850 596 0120</u>	