

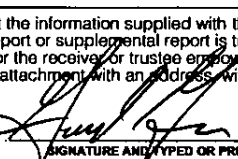


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000000353			
1. Entity Name MILL POINT LANDING HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 100 CASHEL MARA DR PANAMA CITY, FL 32409		Mailing Address PO BOX 1631 LYNN HAVEN, FL 32444	
DO NOT WRITE IN THIS SPACE			
		04072007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 01-0574376 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GROSS, GERALD 109 CASHEL MARA DR PANAMA CITY, FL 32409		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		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.	
		SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
Filing Fee is \$81.25 Due by May 1, 2007		Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GROSS, GERALD 109 CASHEL MARA DR PANAMA CITY, FL 32409		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCER, GEORGE 523 S GAY AVE PANAMA CITY, FL 32404		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUG, GEORGE 118 CANDLEWICK PL PANAMA CITY, FL 32405		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President 4/7/07 850 277 0351 Date Daytime Phone #	