

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/3

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-03-2003 90418 026 ***61.25

DOCUMENT # N02000000353

1. Entity Name

MILL POINT LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**726 THOMAS DRIVE
PANAMA CITY FL 32408**

Mailing Address

**PO BOX 27279
PANAMA CITY BEACH FL 32411**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

010574376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HAMM, W GERALD
1007 JENKS AVE
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
COUNTS, STEVE G
726 THOMAS DRIVE
PANAMA CITY FL 32408** ☐ Delete
*P.O. Box 27279
32411*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEINTS, MICHAEL
433 BAYSHORE DRIVE
PANAMA CITY BEACH FL 32407** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAM, DAVID
3400 BRADENTON AVE
PANAMA CITY FL 32405** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ENGLISH, TOM
2121 HARRISON AVE
PANAMA CITY FL 32405** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-28-03 **234-6696**

CR2E037 (10/02)