


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90022 003 ****61.25

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # 744863 | | | |  | |
| 1. Entity Name MILL HAMMOCK OWNERSHIP ASSOCIATION, INC. | | | | | |
| Principal Place of Business 5720 NW 64TH TERR GAINESVILLE, FL 32653 US | | | Mailing Address 5720 NW 64TH TERR GAINESVILLE, FL 32653 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03222008 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-1871545 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SAIER, FRANK P. 1330-B N.W. 6TH ST. GAINESVILLE, FL 32601 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BALORY, GEO | NAME | | | |
| STREET ADDRESS | 6105 NW 58TH PL | STREET ADDRESS | | | |
| CITY-ST-ZIP | GAINESVILLE, FL 32653 | CITY-ST-ZIP | | | |
| TITLE | SD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SHARRON, POPPELL | NAME | | | |
| STREET ADDRESS | 6125 NW 58TH PL | STREET ADDRESS | | | |
| CITY-ST-ZIP | GAINESVILLE, FL 32653 | CITY-ST-ZIP | | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LYNN, MONACO | NAME | | | |
| STREET ADDRESS | 5901 NW 62ND TER | STREET ADDRESS | | | |
| CITY-ST-ZIP | GAINESVILLE, FL 32653 | CITY-ST-ZIP | | | |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SALZMAN, TONY | NAME | | | |
| STREET ADDRESS | 5720 NW 64TH TERR. | STREET ADDRESS | | | |
| CITY-ST-ZIP | GAINESVILLE, FL 32653 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SAIER, FRANK | NAME | | | |
| STREET ADDRESS | 6410 NW 56TH LANE | STREET ADDRESS | | | |
| CITY-ST-ZIP | GAINESVILLE, FL 32653 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | NAME | BYRON DYCE | | |
| STREET ADDRESS | | STREET ADDRESS | 6130 NW 58TH PL | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | GAINESVILLE, FL 32653 | | |
| 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: <i>Anthony Salzman</i> | | ANTHONY SALZMAN | | 3/21/08 352-373-6791 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |