

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744863

FILED
Mar 10, 2009
Secretary of State

Entity Name: MILL HAMMOCK OWNERSHIP ASSOCIATION, INC.

Current Principal Place of Business:

5720 NW 64TH TERR
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

5720 NW 64TH TERR
GAINESVILLE, FL 32653 US

New Mailing Address:

FEI Number: 59-1871545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAIER, FRANK P.
1330-B N.W. 6TH ST.
GAINESVILLE, FL 32601 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: VP/D () Delete
Name: BALORV, GEO
Address: 6105 NW 58TH PL
City-St-Zip: GAINESVILLE, FL 32653

Title: SD () Delete
Name: SHARRON, POPPELL
Address: 6125 NW 58TH PL
City-St-Zip: GAINESVILLE, FL 32653

Title: TD () Delete
Name: SALZMAN, TONY
Address: 5720 NW 64TH TERR.
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: SAIER, FRANK
Address: 6410 NW 56TH LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: P/D () Delete
Name: BYRON, DYCE
Address: 6130 NW 58TH PL
City-St-Zip: GAINESVILLE, FL 32653

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:

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: ANTHONY SALZMAN

T

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date