

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90016 036 ****61.25

DOCUMENT # 759135			
1. Entity Name MILL RIDGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4831 E OLIVE RD. 4B PENSACOLA, FL 32514 US		Mailing Address 4831 E OLIVE RD. 4B PENSACOLA, FL 32514 US	
2. Principal Place of Business - No P.O. Box # 429 S NAVY BLVD		3. Mailing Address 429 S NAVY BLVD	
Suite, Apt. #, etc. #10 MYHOMESPOT		Suite, Apt. #, etc. #10 MYHOMESPOT	
City & State PENSACOLA, FL		City & State PENSACOLA, FL	
Zip 32507	Country	Zip 32507	Country
4. FEI Number 59-2409436		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 KISSEL, KATHERINE 4831 E OLIVE ROAD, #4D PENSACOLA, FL 32514		7. Name and Address of New Registered Agent Name: DORSEY, GLENN Street Address (P.O. Box Number is Not Acceptable): 429 S NAVY BLVD City: PENSACOLA FL Zip Code: 32507	
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 agents.			
SIGNATURE: 		SIGNATURE:  DATE: 1-29-2008	
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 NAME: D'ARVILLE, DAVID STREET ADDRESS: 4831 E OLIVE ROAD, #2A CITY-ST-ZIP: PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: ANN HOYT STREET ADDRESS: 4831 E OLIVE RD #3C CITY-ST-ZIP: PENSACOLA, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: WILLIAMS, PAT STREET ADDRESS: 4831 E. OLIVE RD 2D CITY-ST-ZIP: PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE: VP D NAME: WILLIAMS, PAT STREET ADDRESS: → CITY-ST-ZIP: →	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: MACKEY, CAROL STREET ADDRESS: 4831 E OLIVE ROAD, #4B CITY-ST-ZIP: PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: SHEPARD, LYNN K STREET ADDRESS: 4831 E OLIVE RD 3B CITY-ST-ZIP: PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: PETTIS, SANDRA STREET ADDRESS: 4831 E OLIVE RD #3D CITY-ST-ZIP: PENSACOLA, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE: 1-29-2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		850/453-5555 (Daytime Phone #)	