

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759135

FILED
Feb 23, 2009
Secretary of State

Entity Name: MILL RIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

429 S NAVY BLVD
C/O MY HOME SPOT
PENSACOLA, FL 32507 US

Current Mailing Address:

429 S NAVY BLVD
C/O MY HOME SPOT
PENSACOLA, FL 32507 US

New Principal Place of Business:

429 S NAVY BLVD
C/O MYHOMESPOT.COM
PENSACOLA, FL 32507 US

New Mailing Address:

429 S NAVY BLVD
C/O MYHOMESPOT.COM
PENSACOLA, FL 32507 US

FEI Number: 59-2409436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORSEY, GLENN
429 S NAVY BLVD
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

GLENN DORSEY INC
429 S NAVY BLVD
PENSACOLA, FL 32507 US

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: GLENN DORSEY

02/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOYT, ANN
Address: 4831 E OLIVE RD 3C
City-St-Zip: PENSACOLA, FL 32514

Title: VPD () Delete
Name: WILLIAMS, PAT
Address: 4831 E OLIVE RD 2D
City-St-Zip: PENSACOLA, FL 32514

Title: TD () Delete
Name: MACKEY, CAROL
Address: 4831 E OLIVE ROAD, #4B
City-St-Zip: PENSACOLA, FL 32514

Title: SD () Delete
Name: PETTIS, SANDRA
Address: 4831 E OLIVE RD 3B
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DARVILLE, DAVID
Address: 4831 E OLIVE RD APT 2A
City-St-Zip: PENSACOLA, FL 32514

Title: VPD (X) Change () Addition
Name: CROWLEY, SHEREEN
Address: 4831 E OLIVE RD APT 1D
City-St-Zip: PENSACOLA, FL 32514

Title: TD (X) Change () Addition
Name: HOYT, ANN
Address: 4831 E OLIVE RD APT 3C
City-St-Zip: PENSACOLA, FL 32514

Title: SD (X) Change () Addition
Name: MACKEY, CAROL
Address: 4831 E OLIVE RD APT 4B
City-St-Zip: PENSACOLA, FL 32514

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: DAVID DARVILLE

PRES

02/23/2009

Electronic Signature of Signing Officer or Director

Date