

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767189

FILED
Jan 17, 2006
Secretary of State

Entity Name: OLD MILL RUN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 456
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

PO BOX 456
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-2530439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATSON, DAVID
29142 WEST OLD MILL ROAD
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

MAIELLO, MARGARET
15010 BREWERS COURT
TAVARES, FL 32778 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: MARGARET MAIELLO

01/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BATSON, DAVID
Address: 29142 WEST OLD MILL ROAD
City-St-Zip: TAVARES, FL 32778

Title: VPD () Delete
Name: FRICK, TONY
Address: 15027 BREWERS COURT
City-St-Zip: TAVARES, FL 32778

Title: SD () Delete
Name: VISCONTI, TONY
Address: 29143 EAST OLD MILL ROAD
City-St-Zip: TAVARES, FL 32778

Title: TD () Delete
Name: MAIELLO, MARGARET
Address: 15010 BREWERS COURT
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: BLACKSTONE, KATHY
Address: 29109 E OLD MILL RD
City-St-Zip: TAVARES, FL 32778

Title: D (X) Delete
Name: FITZPATRICK, KEVIN
Address: 15044 DRY RUN
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FITZPATRICK, KEVIN
Address: 15044 DRY RUN
City-St-Zip: TAVARES, FL 32778

Title: VPD (X) Change () Addition
Name: HONEYCUTT, HUGH
Address: WILLOW LANE
City-St-Zip: TAVARES, FL 32778

Title: SD (X) Change () Addition
Name: CRANE, BERNIE
Address: BREWERS COURT
City-St-Zip: TAVARES, FL 32778

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 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: MARGARET MAIELLO

TD

01/17/2006

Electronic Signature of Signing Officer or Director

Date