

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 770818 (3)

1. Corporation Name

HOMEOWNERS ASSOCIATION OF MULLINS CONDOMINIUM, I  
NC.

Principal Place of Business

Mailing Address

830 OHIO AVE  
LYNN HAVEN FL 32444830 OHIO AVE  
LYNN HAVEN FL 32444-23523. Date Incorporated or Qualified  
10/18/19833a. Date of Last Report  
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

4. FEI Number

59-2551679

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES M MULLINS  
830 OHIO AVE  
LYNN HAVEN FL 32444

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME MULLINS, JAMES M.  
STREET ADDRESS 830 OHIO AVE  
CITY-ST-ZIP LYNN HAVEN FL1.1 TITLE ☐ Change ☐ AdditionTITLE STD ☐ DELETENAME TATE, W. HAROLD  
STREET ADDRESS 808 HILLVIEW DRIVE  
CITY-ST-ZIP BIRMINGHAM AL2.1 TITLE ☐ Change ☐ AdditionTITLE D ☐ DELETENAME MULLINS, GAYLE A.  
STREET ADDRESS 830 OHIO AVE.  
CITY-ST-ZIP LYNN HAVEN FL3.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0010141

CR2E037 (9/96)