2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# N01000006036

Entity Name: OLD MILL BRANCH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

463499 STATE ROAD 200
YULEE, FL 32097

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1987
YULEE, FL 320411987

New Mailing Address:

FEI Number: 59-3735448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT SYSTEMS INC
463499 STATE ROAD 200
YULEE, FL 32097 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: PD ( ) Delete
Name: CAMPBELL, JAMES
Address: 10115 CROFTON CT
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD ( ) Delete
Name: JONGEBLOED, NICHOLAS
Address: 4630 REEDBARK LANE
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD (X) Delete
Name: BONDORONEK, MANDIE
Address: 10135 ECTON LANE
City-St-Zip: JACKSONVILLE, FL 32246

Title: T (X) Delete
Name: SCHMITZ, DENNIS
Address: 4513 SHILOH MILL BLVD
City-St-Zip: JACKSONVILLE, FL 32246

Title: D (X) Delete
Name: ROMANS, ELAINE
Address: 4464 ECTON LANE EAST
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCHMITZ, DENNIS
Address: 4513 SHILOH MILL BLVD
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD (X) Change ( ) Addition
Name: THOMAS, PAUL
Address: 4511 ECTON LANE
City-St-Zip: JACKSONVILLE, FL 32246

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: TERRELL J POWELL RA 04/19/2007

Electronic Signature of Signing Officer or Director — Date