


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000000353**


1. Entity Name  
**MILL POINT LANDING HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **100 CASHEL MARA DR PANAMA CITY, FL 32409**

Mailing Address: **PO BOX X1631 LYNN HAVEN, FL 32444**

**DO NOT WRITE IN THIS SPACE**



04072007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**01-0574376**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GROSS, GERALD  
 109 CASHEL MARA DR  
 PANAMA CITY, FL 32409**

**DO NOT WRITE IN THIS SPACE**

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 agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$81.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GROSS, GERALD 109 CASHEL MARA DR PANAMA CITY, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCER, GEORGE 523 S GAY AVE PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUG, GEORGE 118 CANDLEWICK PL PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000698453  
 04/13/07-80003-015 61.29

**DO NOT WRITE IN THIS SPACE**

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]* **President** Date: **4/7/07** Daytime Phone #: **850 277 0351**