


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # N02000006183 1. Entity Name MILLWOOD OAKS PROPERTY OWNERS ASSOCIATION, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 2286-3 WEDNESDAY ST. TALLAHASSEE, FL 32308 | Mailing Address 2286-3 WEDNESDAY ST. TALLAHASSEE, FL 32308 |
|--|--|



02272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 14-1869993 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**GIBBS, HAROLD F
2286-3 WEDNESDAY ST.
TALLAHASSEE, FL 32308**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

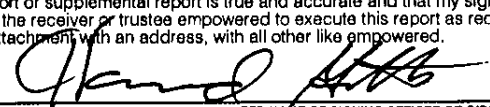
| | | |
|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GIBBS, HAROLD 2286-3 WEDNESDAY ST. TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV PERKINS, TOM 2292 WEDNESDAY ST., SUITE 2 TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CLARK, KATHY 2292 WEDNESDAY ST., SUITE 2 TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FESSLER, JIMMY 2286 WEDNESDAY ST TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

U00000708683
04/24/07-80123-017 61.25

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:  **4-12-07** **893-9096**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #