


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000006396		
1. Entity Name MILLS COVE BOAT RAMP ASSOCIATION, INC.		

FILED

07 JAN 18 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 600 LAKE MILLS ROAD CHULUOTA, FL 32766	Mailing Address 600 LAKE MILLS ROAD CHULUOTA, FL 32766
CHANGED TO:	

2. Principal Place of Business 1556 Bluewater Run	3. Mailing Address 1556 Bluewater Run
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Chuluota FL	City & State Chuluota FL
Zip 32766-6018	Country USA
Zip 32766	Country 6018



4. FEI Number 06-1664038		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent AXEL, DAVID E 600 LAKE MILLS ROAD CHULUOTA, FL 32766		7. Name and Address of New Registered Agent Name: CONNIE S. GATLIN Street Address (P.O. Box Number is Not Acceptable): 1556 Bluewater Run City: Chuluota FL Zip Code: 32766-6018

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: *Connie S. Gatlin* *Connie S. Gatlin* 1/7/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, WILLIAM L 850 DYSON DR WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, W L 4948 LAKE SHARP DR ORLANDO, FL 32817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500086194755 01/25/07--01009--020 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AXEL, DAVID E 600 LAKE MILLS ROAD CHULUOTA, FL 32766 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONNIE S. GATLIN 1556 Bluewater Run Chuluota, FL 32766 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TULP, LOUIS P P.O. BOX 621024 OVIEDO, FL 32762 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Douglas Ware MILLS Estate Place Chuluota, FL 32766 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Connie S. Gatlin* *Connie S. Gatlin* 1-7-07 407-221-6336

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date: 1-7-07 Daytime Phone #: 407-221-6336

8 Mitchell JAN 18 2007