

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006396

FILED  
Jan 24, 2010  
Secretary of State

**Entity Name:** MILLS COVE BOAT RAMP ASSOCIATION, INC.

**Current Principal Place of Business:**

1556 BLUEWATER RUN  
CHULUOTA, FL 327666018

**New Principal Place of Business:**

**Current Mailing Address:**

1556 BLUEWATER RUN  
CHULUOTA, FL 327666018

**New Mailing Address:**

**FEI Number:** 06-1664038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GATLIN, CONNIE S  
1556 BLUEWATER RUN  
CHULUOTA, FL 327666018 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:** D  
**Name:** ANDERSON, CHRIS  
**Address:** 1538 BLUEWATER RUN  
**City-St-Zip:** CHULUOTA, FL 32766

**Title:** D  
**Name:** VOLOSIN, DOUGLAS  
**Address:** 922 MILSS ESTATE PALCE  
**City-St-Zip:** CHULUOTA, FL 32766

**Title:** D  
**Name:** GATLIN, CONNIE S  
**Address:** 1556 BLUEWATER RUN  
**City-St-Zip:** CHULUOTA, FL 327666018

**Title:** D  
**Name:** WARE, DOUGLAS  
**Address:** MILLS ESTATE PLACE  
**City-St-Zip:** CHULUOTA, FL 32766

I hereby 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 all other like empowered.

**SIGNATURE:** CONNIE S. GATLIN

PRES

01/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date