



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

FILED
May 08, 2007 08:00 A
Secretary of State

DOCUMENT # N02000009591		
1. Entity Name MILL CREEK ESTATES OWNERS' ASSOCIATION, INC.		
Principal Place of Business 21901 NW CR 241 ALACHUA, FL 32615		Mailing Address PO BOX 1252 ALACHUA, FL 32616
DO NOT WRITE IN THIS SPACE		
		 05072007 No Chg-NP CR2E037 (4/06)
4. FEI Number NOT APPLICABLE		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		
RUSHING, WINSTON 21901 NW CR 241 ALACHUA, FL 32615		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000762544 05/29/07-80013-010 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUSHING, WINSTON 21901 NW CR 241 ALACHUA, FL 32615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUSHING, DOROTHY 21901 NW CR 241 ALACHUA, FL 32615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CAIN, ALAN 21708 OLD PROVIDENCE RD ALACHUA, FL 32615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Dorothy Rushing</u> DOROTHY RUSHING 5-1-07 462-9618 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		