

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90032 030 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 13618 NW 218 LANE		3. Mailing Address Suite, Apt. #, etc. Alachua FL			
City & State 32615		City & State Alachua FL		4. FEI Number NO-T APPLICABLE	
Zip 32615		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSHING, WINSTON 21901 NW CR 241 ALACHUA FL 32615				7. Name and Address of New Registered Agent Name Winston Rushing Street Address (P.O. Box Number is Not Acceptable) 13618 NW 218 LANE Alachua FL 32615 City FL Zip Code	
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 <u><i>Winston Rushing</i></u> Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent Signature is required when reappointing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP RUSHING, WINSTON 21901 NW CR 241 ALACHUA FL 32615	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV RUSHING, DOROTHY 21901 NW CR 241 ALACHUA FL 32615	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST CAIN, ALAN 21708 OLD PROVIDENCE RD ALACHUA FL 32615	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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><i>Winston Rushing</i></u> 1-24-08					