

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

07 NOV 13 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dy 11.15.07



09182007 Chg-NP CR2E037 (12/06)

DOCUMENT # N04000011707			
1. Entity Name MILLER'S LANDING HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2045 SAN MARCOS DRIVE WINTER HAVEN, FL 33880 US		Mailing Address 2045 SAN MARCOS DRIVE WINTER HAVEN, FL 33880 US	
2. Principal Place of Business - No P.O. Box # 7303 Bent Grass Lp Suite, Apt. #, etc.		3. Mailing Address 7303 Bent Grass Lp Suite, Apt. #, etc.	
City & State Winter Haven, FL		City & State Winter Haven, FL	
Zip 33884	Country USA	Zip 33884	Country USA
4. FEI Number 20-2055225		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 TENAGLIA, RICHARD A C/O CREATIVE ASSOCIATION SERVICE INC 2045 SAN MARCOS DRIVE WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent Name: M. Alan Wilfong Street Address (P.O. Box Number is Not Acceptable): 7303 Bent Grass Lp City: Winter Haven FL Zip Code: 33884	
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: M. Alan Wilfong, M. Alan Wilfong Pres 11/10/07		(NOTE: Registered Agent signature required when reinstating) DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 ADAMS, D. JOEL 3020 SOUTH FLORIDA AVENUE, SUITE 101 LAKELAND, FL 33303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jack Murphree 7343 Bent Grass Dr. Winter Haven, FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ADAMS, ROBERT J 3020 SOUTH FLORIDA AVENUE, SUITE 101 LAKELAND, FL 33303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CW Edwards 7352 Bent Grass Dr Winter Haven, FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, BRIAN 3020 SOUTH FLORIDA AVENUE, SUITE 101 LAKELAND, FL 33303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400112389914 11/19/07--01004--001 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. M. Alan Wilfong 7303 Bent Grass Lp Winter Haven, FL 33884 <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	VP Jim Barnes 7301 Bent Grass Dr Winter Haven, FL 33884 <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	Sec/Tre. Amy Page 7300 Bent Grass Dr Winter Haven, FL 33884 <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: Jim Barnes, VP 11/10/07 (803) 200-1004		Date Daytime Phone #	

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