

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90050 007 ****61.25

DOCUMENT # N04000011707 1. Entity Name MILLER'S LANDING HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 7303 BENT GRASS LP WINTER HAVEN, FL 33884 US		Mailing Address 7303 BENT GRASS LP WINTER HAVEN, FL 33884 US	
2. Principal Place of Business - No P.O. Box # 335 Havendale Blvd Suite, Apt. #, etc.		3. Mailing Address 335 Havendale Blvd Suite, Apt. #, etc.	
City & State Auburndale, FL Zip 33823 Country		City & State Auburndale, FL Zip 33823 Country	
4. FEI Number 20-2055225		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 WILFONGA, M. ALAN 7303 BENT GRASS LP WINTER HAVEN, FL 33884		7. Name and Address of New Registered Agent Name: Donald Baehr Street Address (P.O. Box Number is Not Acceptable): 335 Havendale Blvd City: Auburndale FL Zip Code: 33823	
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 reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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: PRES NAME: WILFONG, M. ALAN STREET ADDRESS: 7303 BENT GRASS LP CITY-ST-ZIP: WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: BARNES, JIM STREET ADDRESS: 7381 BENT GRASS LP CITY-ST-ZIP: WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	TITLE: P NAME: STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: ST NAME: PAGE, AMY STREET ADDRESS: 7360 BENT GRASS DR CITY-ST-ZIP: WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: MURPHREE, JACK STREET ADDRESS: 7343 BENT GRASS DR CITY-ST-ZIP: WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: EDWARDS, CW STREET ADDRESS: 7352 BENT GRASS DR CITY-ST-ZIP: 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: <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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/4/08 Daytime Phone:	