

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001654

FILED  
Jan 30, 2008  
Secretary of State

**Entity Name:** MILL CREEK RIDGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

501 RIVERSIDE AVENUE  
SUITE 902  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

501 RIVERSIDE AVENUE  
SUITE 902  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

STARLING, STACY  
1428 SAN MATEO AVENUE  
JACKSONVILLE, FL 32207 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 ( ) Delete  
Name: DAHL, JAMES H  
Address: 501 RIVERSIDE AVENUE, SUITE 902  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: CAHOON, ARTHUR L  
Address: 501 RIVERSIDE AVENUE, SUITE 902  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: HUDSON, ASHTON  
Address: 501 RIVERSIDE AVENUE, SUITE 902  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STACY STARLING

RA

01/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date