

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90009 025 ****61.25

DOCUMENT # N05117

1. Entity Name
**MILE RUN MULTI-FAMILY HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
4623 NW 53RD AVE.
GAINESVILLE, FL 32606

Mailing Address
4623 NW 53RD AVE.
GAINESVILLE, FL 32606

40041320



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2465156

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAUTILUS ASSOCIATION MANAGEMENT, LLC.
4623 NW 53RD AVE.
GAINESVILLE, FL 32606

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE TD ☐ Delete
NAME STAPP, HOWARD
STREET ADDRESS 3713 NW 55 PLACE
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE D ☒ Delete
NAME SAPP, HOWARD
STREET ADDRESS 3713 NW 55 PLACE
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE VD ☐ Delete
NAME SPANN, MICHAEL
STREET ADDRESS 3701 NE 56TH PLACE
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE SD ☐ Delete
NAME SOMMER, BILLIE
STREET ADDRESS 3753 NW 56 PLACE
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Change ☒ Addition
NAME Terry Montanye
STREET ADDRESS 3733 NW 55 Place
CITY-ST-ZIP Gainesville, FL 32653

TITLE PD ☒ Change ☐ Addition
NAME Michael Spann
STREET ADDRESS 3701 NW 56 Place
CITY-ST-ZIP Gainesville, FL 32653

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Handwritten Signature*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #