2007 NOT-FOR-PROFIT CORPORATION . ANNUAL REPORT

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FILED May 14, 2007 8:00 am Secretary of State

DOCUMEN I # N05117 1. Entity Name MILE RUN MULTI-FAMILY HOMEOWNERS' ASSOCIATION, INC.							(05-14-2007 90089 0	49 ****61	1.25
4623 NW 53RD AVE. 462				Mailing Address 4623 NW 53RD AVE. GAINESVILLE, FL 32606			4u*-			
1731 NW 6TH STREET Suite, Apt. #, etc.				3. Mailing Address PO BOX 14506 Suite, Apt. #, etc.			02082007 Chg-NP CR2E037 (12/06)			
SUITE A City & State GAINESVILLE FL			City & State GAINESVILLE FL				4. FEI Number			
Zip Country ALACHUA			32i	604	Cou	ntry ACHUA	5. Certificate of Status Desired			itional
6. Name and Address of Current Regist				·			7. Name and Address of New Registered Agent			
4623 NW 5	3RD AVE		NT, LLC	LC. Street D			FON BAUR/ED BAUR MANAGEMENT INC. SS. (P.C. Box Number is Not Acceptable) FLORIDA COMMUNITY MANAGEMENT			
GAINESVILLE, FL 32606							NW 6TH STREET SUITE A			
				City			SVILLE	FL	Zip Code 326	509
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. 3-8-07										
SIGNATURE Signature, typed or printed name of registered agent and litle if applicable. (NOTE: Registered Agent signature required with								3-0-07 DATE		
Filling Fee is \$61.25 9. El					npaign Fi	nancing	\$5.00 May Be	Make check Florida Depart		
10. OFFICERS AND DIRECT				DRS 11.				ES TO OFFICERS AND DIF		<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete TITLE NAME STREE					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTANYE, TERRY 3733 NW 55 PLACE GAINESVILLE, FL 32653								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPANN, MICHAEL 3701 NE 56TH PLACE GAINESVILLE, FL 32653								☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOMMER, BILLIE 3 3753 NW 56 PLACE GAINESVILLE, FL 32653								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ 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 piner like empowered.										