

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05117

FILED
Mar 30, 2009
Secretary of State

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

Current Principal Place of Business:

1731 NW 6TH STREET
SUITE A
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14506
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 59-2465156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTON BAUR/ED BAUR MANAGEMENT INC.
DBA FLORIDA COMMUNITY MANAGEMENT
1731 NW 6TH STREET SUITE A
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

ED BAUR MANAGEMENT, INC.
1731 NW 6TH STREET
STE A
GAINESVILLE, FL 32609 US

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: HAL WHITTET

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: STAPP, HOWARD
Address: 3713 NW 55 PLACE
City-St-Zip: GAINESVILLE, FL 32653

Title: P () Delete
Name: MONTANYE, TERRY
Address: 3733 NW 55 PLACE
City-St-Zip: GAINESVILLE, FL 32653

Title: VP () Delete
Name: MORROW, ALLEN
Address: 3709 NW 56TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: SD () Delete
Name: SOMMER, BILLIE
Address: 3753 NW 56 PLACE
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: STAPP, HOWARD
Address: 3713 NW 55 PLACE
City-St-Zip: GAINESVILLE, FL 32653

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

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

Title: S (X) Change () Addition
Name: SOMMER, BILLIE
Address: 3753 NW 56 PLACE
City-St-Zip: GAINESVILLE, FL 32653

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: TERRY MONTANYE

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date