

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90318 017 ****61.25

DOCUMENT # N05118

1. Entity Name
MILE RUN RECREATIONAL ASSOCIATION, INC.



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

Mailing Address
**4623 NW 53 AVE
GAINESVILLE, FL 32606**

60025288



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
59-2464947

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 53 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 PD ☒ Delete
NAME VAN NOCKER, JEFFREY
STREET ADDRESS 6804 NW 37 DR
CITY-ST-ZIP GAINESVILLE, FL 326530828

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

TITLE TD ☒ Delete
NAME LEDUC, JAN
STREET ADDRESS 3724 NW 63 PLACE
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE SD ☐ Delete
NAME SOMMER, BILLIE
STREET ADDRESS 3753 NW 58 PLACE
CITY-ST-ZIP GAINESVILLE, FL 326530829

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

TITLE TD ☒ Change ☐ Addition
NAME Howard Stapp
STREET ADDRESS 3713 NW 55 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 PD ☐ Change ☒ Addition
NAME Michael Spann
STREET ADDRESS 3701 NW 56 Place
CITY-ST-ZIP Gainesville, FL 32653

TITLE VD ☐ Change ☒ Addition
NAME Robert Amar
STREET ADDRESS 3705 NW 64 Place
CITY-ST-ZIP Gainesville, FL 32653

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 #