## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 14, 2007 8:00 am Secretary of State

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DOCUMENT # N05118  1. Entity Name MILE RUN RECREATIONAL ASSOCIATION, INC.						0027 043 ****61.		
Principal Place of Business 4623 NW 53 AVE 4623 NW 53 AVE GAINESVILLE, FL 32606  Mailing Address 4623 NW 53 AVE GAINESVILLE, FL 32606					NATIONAL MENTAL MEN		11/ <b>101 K</b> i 1 <b>08</b> 1	
2. Principal Place of Business - No P.O. Box # Watson Realty Corp   FRAN		3. Mailing Address 4516 NW 23RD AVE.						
Suite, Apt. #, etc. 4516 NW 23RD AVE		Suite, Apt. #, etc.		03122007	Chg-NP	CR2E037 (12/06)		
CAINES VILLE , FL .		City & State GAINESVILLE, FL.		4. FEI Number 59-2464	947	<del></del>	oplied For ot Applicable	
Zip 32400	Country U5A	Zip 32606	Country (1.5	A 5. Certificate of	f Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re	gistered Agent		
NAUTILUS ASSOCIATION MANAGEMENT, LLC			Name	Name Watson Realty Corp/FRAN POLLARD  Street Address (P.O. Box Number is Not Acceptable) 4516 NW 23RD NE				
4623 NW 5 GAINESVI	LLE, FL 32606		Street Address (F		S NOT Acceptable)			
			City	INESVILLE		FL Zip Cod	e	
	named entity submits this statement for	or the purpose of changing its re			, in the State of Flori	32	and accept	
	Francis C. Pol	laid			a	-12-07		
SIGNATURE .	Signature, typed or printed name of registered agent		Registered Agent signatu	re required when reinstating)		-12-07 DATE		
SIGNATURE .	<del></del>		aign Financing	\$5.00 May Bounded to Fees	, Ma	DATE  ke check payable to the Department of S		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25	and title if applicable. (NOTE: R  9. Election Camp  Trust Fund Col	aign Financing	\$5.00 May Be Added to Fees	, Ma Florid	ke check payable t	tate	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	and title if applicable. (NOTE: R  9. Election Camp  Trust Fund Col	aign Financing ntribution.	\$5.00 May Be Added to Fees	, Ma Florid	ke check payable to the check	tate I 10	
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12. I hereby certify that the information supplied with this filling 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 (X) Howard Stapp

SIGNATURE (X) HOWARD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-07

377-8899

Date

Daytime Phone #