



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-14-2007 90027 043 \*\*\*\*61.25

<b>DOCUMENT # N05118</b> 1. Entity Name <b>MILE RUN RECREATIONAL ASSOCIATION, INC.</b>					
Principal Place of Business <b>4623 NW 53 AVE GAINESVILLE, FL 32606</b>			Mailing Address <b>4623 NW 53 AVE GAINESVILLE, FL 32606</b>		
2. Principal Place of Business - No P.O. Box # <b>Watson Realty Corp/FRAN</b> Suite, Apt. #, etc. <b>4516 NW 23RD AVE</b>		3. Mailing Address <b>4516 NW 23RD AVE.</b> Suite, Apt. #, etc.			
City & State <b>GAINESVILLE, FL.</b>		City & State <b>GAINESVILLE, FL.</b>		4. FEI Number <b>59-2464947</b>	
Zip <b>32606</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NAUTILUS ASSOCIATION MANAGEMENT, LLC 4623 NW 53 AVE GAINESVILLE, FL 32606</b>			7. Name and Address of New Registered Agent Name <b>Watson Realty Corp/FRAN POLLARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>4516 NW 23RD AVE</b> City <b>GAINESVILLE</b> <b>FL</b> Zip Code <b>32606</b>		
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 <u>Francis C. Pollard</u> <span style="float: right;">3-12-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STAPP, HOWARD 3713 NW 55 PLACE GAINESVILLE, FL 32653	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOMMER, BILLIE 3753 NW 56 PLACE GAINESVILLE, FL 326530829	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPANN, MICHAEL 3701 NW 56 PL GAINESVILLE, FL 32653	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AMAR, ROBERT 3705 NW 64 PL GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPANN, MICHAEL 3701 NW 56th PL. GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRED HAMILTON 3730 NW 63rd PLACE GAINESVILLE, FL 32653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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 <u>Howard Stapp</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-13-07</u> <span style="float: right;">(352) 377-8899</span> <small>Daytime Phone #</small>		