

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90040 002 ****61.25

DOCUMENT # N05118 1. Entity Name MILE RUN RECREATIONAL ASSOCIATION, INC.					
Principal Place of Business WATSON REALTY CORP./FRAN 4516 NW 23RD AVE. GAINESVILLE, FL 32606			Mailing Address WATSON REALTY CORP./FRAN 4516 NW 23RD AVE. GAINESVILLE, FL 32606		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2464947	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WATSON REALTY CORP./FRAN 4516 NW 23RD AVE. GAINESVILLE, FL 32606			Name FRANCIS POLLARD Street Address (P.O. Box Number is Not Acceptable) 90 WATSON REALTY CORP 4516 NW 23RD AVE. City GAINESVILLE FL 32606		
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> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>2-8-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	VD SPANN, MICHAEL 3701 NW 56 PL GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, FRED 3730 NW 63RD PLACE GAINESVILLE, FL 32653	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAPP, HOWARD 3713 NW 55th PL. GAINESVILLE, FL. 32653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOMMER, BILLIE 3753 NW 56th PL. GAINESVILLE, FL. 32653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LeDUC, Jon 3724 NW 63rd PL. GAINESVILLE, FL. 32653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMILTON, FRED 3730 NW 63rd PL. GAINESVILLE, FL. 32653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUTH, BERNIE 3703 NW 62nd PL. GAINESVILLE, FL. 32653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTANYE, TERRY 3733 NW 55th PL. GAINESVILLE, FL. 32653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 other like empowered.					
SIGNATURE: <u>[Signature]</u> 2/11/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					