2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08434

FILED Jan 28, 2009 Secretary of State

Entity Name: MILLWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O MARK WEINBERGER C/O ROBERTA MANN 4359 MILLWOOD LANE 4503 MILLWOOD LANE

TALLAHASSEE, FL 32312 US TALLAHASSEE, FL 32312 US

New Mailing Address: **Current Mailing Address:**

C/O MARK WEINBERGER 4503 MILLWOOD LANE 4359 MILLWOOD LANE TALLAHASSEE, FL 32312

US TALLAHASSEE, FL 32312 US

FEI Number: 59-2589379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

WEINBERGER, MARK MANN, ROBERTA 4359 MILLWOOD LANE 4503 MILLWOOD LANE TALLAHASSEE, FL 32312 US TALLAHASSEE, FL 32312 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: ROBERTA MANN 01/28/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

WEINBERGER, MARK WEINBERGER, MARK Name: Name: 4359 MILLWOOD LANE Address: 4359 MILLWOOD LANE Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312

Title: () Delete Title: BDM (X) Change () Addition VETTER, MIKE Name: VETTER, MIKE Name:

Address: 4359 MILLWOOD LANE Address: 4335 MILLWOOD LANE City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312

Title: () Delete Title: S/T (X) Change () Addition MANN, DOROTHY Name:

MANN, ROBERTA Name: 4359 MILLWOOD LANE Address: Address: 4503 MILLWOOD LANE City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312

Title: () Delete Title: BDM () Change (X) Addition

Name: Name: HEDDAEUS, MARK Address: Address: 4574 MILLWOOD LANE City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32312

Title: () Delete Title: () Change (X) Addition

CREEL, RUSTY Name: Name: 4360 MILLWOOD LANE Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32312

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: ROBERTA MANN S/T 01/28/2009