2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17275

Apr 04, 2007 Secretary of State

Entity Name: MILL POND CONDOMINIUM ASSOCIATION, INC.

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

200 NW 48TH BLVD

GAINESVILLE, FL 32607 US

Current Mailing Address: New Mailing Address:

C/O ACTION REAL ESTATE SERVICE 6110-B NW 1ST PL GAINESVILLE, FL 32607 US

FEI Number: 59-2890277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SAUSAMAN, D. JEFFREY C/O ACTION REAL ESTATE SERVICES 6110-B NW 1ST PL GAINESVILLE, FL 32607 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition AMUNDSON, YVONNE KERRY, VELLAKE Name: Name: 4825 NW 2ND PLACE Address: 421 NW 48TH BLVD Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607

Title: DS () Delete Title: (X) Change () Addition FINLEY, CLAUDETTE Name: FINLEY, CLAUDETTE Name: Address: 325 NW 48TH BLVD Address: 325 NW 48TH BLVD

City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607

Title: () Delete Title: (X) Change () Addition DEBONO, MARIE GREMILLION, MACKEY Name: Name:

Address: 11 NW 48 BLVD Address: 922 NW 45 TER City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32605

Title: () Delete Title: DST (X) Change () Addition SMITH, ART Name: WILLIAMS, PATRICIA Name: Address: 437 NW 48 BLVD Address: 442 NW 48 BLVD City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607

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

HANEL, HARRY HAIMOWITZ, HARRY Name: Name: 309 NW 48 BLVD 323 NW 50 BLVD Address: Address: GAINESVILLE, FL 32607 City-St-Zip: City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUDETTE FINLEY Ρ 04/04/2007