2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# N17275

Entity Name: MILL POND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

200 NW 48TH BLVD
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: KERRY, VELLAKE
Address: 421 NW 48TH BLVD
City-St-Zip: GAINESVILLE, FL 32607

Title: PD ( ) Delete
Name: FINLEY, CLAUDETTE
Address: 325 NW 48TH BLVD
City-St-Zip: GAINESVILLE, FL 32607

Title: VD ( ) Delete
Name: GREMILLION, MACKEY
Address: 922 NW 45 TER
City-St-Zip: GAINESVILLE, FL 32605

Title: DST ( ) Delete
Name: SMITH, ART
Address: 442 NW 48 BLVD
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete
Name: HAIMOWITZ, HARRY
Address: 323 NW 50 BLVD
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: PAGE, JANE
Address: 352 NW 48 BLVD
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Change ( ) Addition
Name: COOK, MILDRED
Address: 331 NW 50 BLVD
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Change ( ) Addition
Name: WROE, MARTHA
Address: 327 NW 50TH BLVD
City-St-Zip: GAINESVILLE, FL 32607

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: CLAUDETTE FINLEY P 03/25/2008
Electronic Signature of Signing Officer or Director Date