

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23465** (0)
1. Corporation Name
MILLER LANDING ROAD PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business 5976 MILLER LANDING COVE TALLAHASSEE FL 32312	Mailing Address 5976 MILLER LANDING COVE TALLAHASSEE FL 32312
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/13/1987		3a. Date of Last Report 04/15/1996	
4. FEI Number 59-2855612		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business 6024 MILLER LANDING COVE		2a. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TALLAHASSEE		City & State	
Zip 32312		Country USA	
Country		Country	

9. Name and Address of Current Registered Agent
**REGAN, HAROLD E.
6024 MILLER LANDING COVE
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REGAN, HAROLD E.		1.2 NAME	
STREET ADDRESS 6024 MILLER LANDING COVE		1.3 STREET ADDRESS	
CITY - ST - ZIP TALLAHASSEE FL		1.4 CITY - ST - ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOYNTON, BEN C.		2.2 NAME	
STREET ADDRESS 2735 MILLER LANDING RD.		2.3 STREET ADDRESS	
CITY - ST - ZIP TALLAHASSEE FL		2.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPBELL, CLIFFORD E.		3.2 NAME	
STREET ADDRESS 2117 MILLER LANDING RD.		3.3 STREET ADDRESS	
CITY - ST - ZIP TALLAHASSEE FL		3.4 CITY - ST - ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, VAN		4.2 NAME	
STREET ADDRESS 1879 MILLER LANDING RD.		4.3 STREET ADDRESS	
CITY - ST - ZIP TALLAHASSEE FL		4.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARTER, GILBERT		5.2 NAME	
STREET ADDRESS RT. 13 BOX 228-T		5.3 STREET ADDRESS	
CITY - ST - ZIP TALLAHASSEE FL		5.4 CITY - ST - ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAGE, MAE		6.2 NAME	
STREET ADDRESS 5008 BRILL POINT		6.3 STREET ADDRESS	
CITY - ST - ZIP TALLAHASSEE FL		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **7/23/97** **6817883**

CR2E037 (4/97)