


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 23, 1999 8:00 am
Secretary of State

06-23-1999 90001 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N23905					
1. Corporation Name MCMILLAN MANOR HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1020 E JORDAN ST UNIT A PENSACOLA FL 32503 US			Mailing Address 1020 E JORDAN ST UNIT A PENSACOLA FL 32501-5744 US		



2. Principal Place of Business 21 1020 E JORDAN ST.		2a. Mailing Address 26 1020 E JORDAN ST.		3. Date Incorporated or Qualified 12/16/1987	
22 Suite, Apt. #, etc. Box # 4		27 Suite, Apt. #, etc. Box # 4		4. FEI Number 59-2945825	
23 City & State PENSACOLA, FL		28 City & State PENSACOLA, F		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32503		29 Zip 32503		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA			

9. Name and Address of Current Registered Agent BERRY, BONNIE 1020 E JORDAN ST UNIT I PENSACOLA FL 32503				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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	BERRY, BONNIE			1.2 NAME			
STREET ADDRESS	1020 E JORDAN ST UNIT I			1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32503			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOWE-EVANS, MARY			2.2 NAME			
STREET ADDRESS	1020 E JORDAN ST UNIT H			2.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32503			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JERGE, SUSAN			3.2 NAME			
STREET ADDRESS	1020 E JORDAN ST UNIT J			3.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32503			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HATFIELD, DIANE			4.2 NAME			
STREET ADDRESS	1020 E JORDAN UNIT N			4.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32503			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: *Bonnie Berry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-99
Date

470-8663
Daytime Phone #

CR2E037 (11/98)