

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N23905

1. Entity Name
MCMILLAN MANOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1020 E JORDAN ST
BOX #4
PENSACOLA, FL 32503 US

Mailing Address

1020 E JORDAN ST
BOX #4
PENSACOLA, FL 32503 US



01272008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2945825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIRARDIN, DANIEL
1020 E JORDAN ST
UNIT C
PENSACOLA, FL 32503

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GIRARDIN, DANIEL
STREET ADDRESS 1020 E JORDAN STREET, UNIT C
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE SD
NAME DORSEY, MARJORIE J
STREET ADDRESS 1020 E JORDAN ST UNIT A
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE TD
NAME THATCHER, DAVID J
STREET ADDRESS 1020 E. JORDAN STREET, UNIT A
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000819678
02/15/08-80092-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Girardin

FEB 04/08

Date

850-95A-9633

Daytime Phone