

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90073 043 \*\*\*\*61.25

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01162007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N36916</b> 1. Entity Name <b>MILL RUN HOMEOWNERS' ASSOCIATION OF PASCO, INC.</b>					
Principal Place of Business <b>NEW PORT RICHEY LIBRARY MAIN STREET NEW PORT RICHEY, FL 34652 US</b>			Mailing Address <b>PO BOX 1827 ELFERS, FL 34680 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CIANFRONE, JOSEPH R ESQ. 1968 BAYSHORE BLVD. DUNEDIN, FL 34698</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MACK, SUSAN</b> <input checked="" type="checkbox"/> Delete <b>7905 ANTHULA COURT</b> <b>NEW PORT RICHEY, FL 34653</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VINCENT ANDERSON</b> <b>4818 MILL RUN DRIVE</b> <b>NEW PORT RICHEY, FL 34653</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>YOST, NANCY</b> <input type="checkbox"/> Delete <b>4128 ROWAN ROAD</b> <b>NEW PORT RICHEY, FL 34653</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Nancy Yost</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>15666 49th Street N - #1130</b> <b>Clearwater, FL 33762</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOLDBERG, AL</b> <input type="checkbox"/> Delete <b>4905 ARBOR OAKS BLVD</b> <b>NEW PORT RICHEY, FL 34653</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CASSANI, VINCENT</b> <input type="checkbox"/> Delete <b>4913 ARBOR OAKS BLVD</b> <b>NEW PORT RICHEY, FL 34653</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SPARLING, WALTER</b> <input checked="" type="checkbox"/> Delete <b>4717 ROWE DRIVE</b> <b>NEW PORT RICHEY, FL 34653</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LANCE HOWARD</b> <b>4651 ROWE DRIVE</b> <b>NEW PORT RICHEY, FL 34653</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>FRANK FREY</b> <b>4610 ROWE DRIVE</b> <b>NEW PORT RICHEY, FL 34653</b>	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1-16-07</b> Daytime Phone #		