2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N93000000855

1. Entity Name

MILLHOPPER STATION SOUTH COMMUNITY



04-18-2006 90090 035 ****61.25

Apr 18, 2006 8:00 am Secretary of State

FILED

ASSOCIATION, INC. Principal Place of Business Mailing Address 4400 NW 36TH AVENUE GAINESVILLE FL 32606 4400 NW 36TH AVENUE GAINESVILLE FL 32606 US

50013501

| 2. Principal Place of Business | | 3. Mailing Address | | | | FØTØN EFFER WRITE MAIN ANSEN ØS | Dist Musici watar ratas astat g | ilili ni di fkûl |
|---|------------------------------------|---------------------|-------------------|---|--|---------------------------------|---------------------------------|-------------------------|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 1st MOORE CR2E037 (10/05) | | | |
| City & State | | City & State | | | 4. FEI Number | | | |
| Zip | Country | Zip Cou | | | 5. Certificate of Status Desired S8.75 Add Fee Require | | ditional | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and Address of New Registered Agent | | | |
| TRIPPE, PATRICIA K 4400 NW 36TH AVENUE GAINESVILLE FL 32606 | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | Ci | City FL 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 | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| FILE NOW: FEE IS \$61.25 9. Election Campaign Finan Trust Fund Contribution. | | | | | \$5.00 May Be Added to Fees | | Check Payable Department of | |
| 10. | OFFICERS AND DIF | RECTORS | 11. | | ADDITIONS/CHANG | ES TO OFFICERS A | ND DIRECTORS I | V 10 |
| TITLE | VP " | ☐ Delete | TITLE | TD | | 1.7 | Change | Addition |
| NAME | POPE, GENE | | NAME | Ke | medy, H 34 NW 62 | arola | | |
| STREET ADDRESS | 4150 NW 62ND AVENUE | | STREET ADI | RESS 403 | 34 NW 62 | Ave | | ! |
| CITY-ST-ZIP | GAINESVILLE FL 32653 | | CITY-ST-Z | | mesuille, | F1 326 | | |
| TITLE | D CILLOCATI JOER | 🚨 Delete | TITLE | 50 |) | 4 | ☐ Change | Addition |
| NAME STREET ADDRESS | GILLOERTI, JOER 3931 NW 58 AVE | | NAME STREET AD | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | eck, Kober | + Au | | ì |
| CITY-ST-7IP | GAINESVILLE FL 32653 | | CITY-ST-Z | 39 | 2/20060 | F1 3260 | 1 | 1 |
| | | | -i | _ Geo | eck, Rober 27'NW 60 necsville, | 7 5260 | ☐ Change | 52'44400 |
| TITLE NAME | PD BOOTH, HELEN | ☐ Delete | TITLE NAME | | | | | Addition |
| STREET ADDRESS | 4118 NW 62 AVENUE | | STREET AD | RESS FLU | hyan tel | Ave | | |
| CITY-ST-ZIP | GAINESVILLE FL 30653 | | CITY-ST-Z | 70 | nyan, Pet yl NW 60 mesville, | F1 3261 | 06 |] |
| TITLE | s | ⊠ Delete | TITLE | D | MESUITE | 1, 500 | ☐ Change | Addition |
| NAME | GARRETT, LYNN | Les Delete | NAME | 710 | trich, ha | reH | C Overige | 23/100/110/1 |
| STREET ADDRESS | 3937 NW 62 AVE | | STREET AD | RESS 614 | 6 NW 38 | Ter | | |
| CITY-ST-ZIP | GAINESVILLE FL 32653 | | CITY-ST-Z | P Ga | mesurlle, | F1 3260 | 6 | \$ |
| TITLE | D | ⊠ Delete | TITLE | | | | ☐ Change | Addition |
| NAME | BROWN, BARBARA | 43, 50000 | NAME | | | | <u></u> | |
| STREET ADDRESS | 3944 NW 62 AVENUE | | STREET AD | RESS | | | | |
| CITY-ST-ZIP | GAINESVILLE FL 32653 | | CITY-ST-Z | Р | | | | |
| TITLE | D | ⊠ Delete | TITLE | | | | ☐ Change | Addition |
| NAME | REED, MICHAEL | | NAME | | | | | |
| STREET ADDRESS | 4027 NW 59ND AVE | | STREET AD | PRESS | | | | |
| CITY-ST-ZIP | GAINESVILLE FL 32653 | | CITY-S7-Z | P | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trastee 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 activess, with a lotter like empowered.

SIGNATURE: