

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90212 031 \*\*\*\*61.25

**DOCUMENT # N93000000855**

1. Entity Name

**MILLHOPPER STATION SOUTH COMMUNITY  
ASSOCIATION, INC.**



Principal Place of Business

**4400 NW 36TH AVENUE  
GAINESVILLE FL 32606  
US**

Mailing Address

**4400 NW 36TH AVENUE  
GAINESVILLE FL 32606  
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**59-3178277**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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)

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  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: VP ☒ Delete  
NAME: POPE, GENE  
STREET ADDRESS: 4150 NW 62ND AVENUE  
CITY-STATE-ZIP: GAINESVILLE FL 32653

TITLE: SD ☐ Delete  
NAME: FLECK, ROBERT  
STREET ADDRESS: 3927 NW 60 AVE  
CITY-STATE-ZIP: GAINESVILLE FL 32606

TITLE: PD ☐ Delete  
NAME: BOOTH, HELEN  
STREET ADDRESS: 4118 NW 62 AVENUE  
CITY-STATE-ZIP: GAINESVILLE FL 30653

TITLE: D ☐ Delete  
NAME: DIETRICH, LARETT  
STREET ADDRESS: 6146 NW 38 TERR  
CITY-STATE-ZIP: GAINESVILLE FL 32606

TITLE: TD ☐ Delete  
NAME: KENNEDY, HAROLD  
STREET ADDRESS: 4034 NW 62 AVE  
CITY-STATE-ZIP: GAINESVILLE FL 32653

TITLE: D ☐ Delete  
NAME: RUNYAN, PETER  
STREET ADDRESS: 4041 NW 60 AVE  
CITY-STATE-ZIP: GAINESVILLE FL 32606

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D ☐ Change ☒ Addition  
NAME: White, Peter  
STREET ADDRESS: 4038 NW 59 Avenue  
CITY-STATE-ZIP: Gainesville, FL 32653

TITLE: D ☐ Change ☒ Addition  
NAME: Patel, Shailesh J.  
STREET ADDRESS: 2541 Shadowridge Ct.  
CITY-STATE-ZIP: Gulf Breeze, FL 32563

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: VP ☒ Change ☐ Addition  
NAME: Runyan, Peter  
STREET ADDRESS: 4041 NW 60 Avenue  
CITY-STATE-ZIP: Gainesville, FL 32653

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 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:

*Harold Kennedy* H.A. KENNEDY

3/14/07