2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003280

FILED Apr 02, 2009 Secretary of State

Entity Name: MILE RUN EAST MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1731 NW 6TH STREET SUITE A

GAINESVILLE, FL 32609 US

Current Mailing Address: New Mailing Address:

P.O. BOX 14506

GAINESVILLE, FL 32604 US

FEI Number: 59-3199373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WESTON BAUR/ED BAUR MANAGEMENT INC. ED BAUR MANAGEMENT, INC. DBA FLORIDA COMMUNITY MANAGEMENT 1731 NW 6TH STREET

1731 NW 6TH STREET SUITE A STE A

GAINESVILLE, FL 32609 US GAINESVILLE, FL 32609 US

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.

SIGNATURE: HAL WHITTET 04/02/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

GAINESVILLE, FL 32605

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: P () Delete Title: P (X) Change () Addition

 Name:
 SUCHER, PAT
 Name:
 SUCHER, PAT

 Address:
 6252 NW 36TH DRIVE
 6252 NW 36TH DRIVE

 City-St-Zip:
 GAINESVILLE, FL 32653
 City-St-Zip:
 GAINESVILLE, FL 32653 US

Title: VPD () Delete Title: VP (X) Change () Addition Name: CRISS, JASON Name: EDELSON, FREDERICK

Address: 6105 NW 34 TERRACE Address: 3456 NW 61ST PLACE
City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip: GAINESVILLE, FL 32653 US

Title: TD () Delete Title: T (X) Change () Addition Name: ADNOT, MICHAEL Name: ADNOT, MICHAEL

 Address:
 6105 NW 35 TERR
 Address:
 6105 NW 35 TERR

 City-St-Zip:
 GAINESVILLE, FL 32653
 City-St-Zip:
 GAINESVILLE, FL 32653 US

Title: SD () Delete Title: S (X) Change () Addition

Name: BRANAGAN, MARY Name: BRANAGAN, MARY
Address: 3602 NW 64 LANE Address: 3602 NW 64 LANE

City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip: GAINESVILLE, FL 32653 US

 Title:
 D
 (X) Delete
 Title:
 () Change () Addition

 Name:
 HARE, LAURA
 Name:

 Address:
 6224 NW 36TH AVE
 Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PAT SUCHER P 04/02/2009