
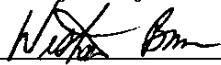
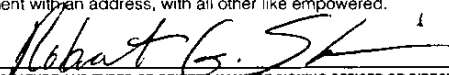


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90008 003 \*\*\*\*61.25

<b>DOCUMENT # N93000003773</b>					
<b>1. Entity Name</b> MILLHOPPER STATION NORTH COMMUNITY ASSOCIATION, INC.					
<b>Principal Place of Business</b> 9116 SW 51ST RD # 1028 GAINESVILLE, FL 32608 US			<b>Mailing Address</b> PO BOX 14121 GAINESVILLE, FL 32604 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 1731 NW 6TH STREET		<b>3. Mailing Address</b> PO BOX 14506			
Suite, Apt. #, etc. SUITE A		Suite, Apt. #, etc.			
<b>City &amp; State</b> GAINESVILLE FL		<b>City &amp; State</b> GAINESVILLE FL		<b>4. FEI Number</b> 59-3218857	
<b>Zip</b> 32609		<b>Country</b> ALACHUA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MEDINA, JOSE E JR 9116 SW 51ST RD STE 1028 ORLANDO, FL 32808			<b>7. Name and Address of New Registered Agent</b> Name: WESTON BAUR/ED BAUR MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable): DBA FLORIDA COMMUNITY MANAGEMENT 1731 NW 6TH STREET SUITE A City: GAINESVILLE FL Zip Code: 32609		
<b>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.</b> SIGNATURE:  DATE: 3-8-07 <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>		<b>9. Election Campaign Financing</b> <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>		
<b>TITLE</b> SD <b>NAME</b> DURGEE, DUANE <b>STREET ADDRESS</b> 3982 NW 64 PLACE <b>CITY - ST - ZIP</b> GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SKINNER, ROBERT G <b>STREET ADDRESS</b> 6720 NW 40TH DR <b>CITY - ST - ZIP</b> GAINESVILLE, FL 32657	<input type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DEPUE, KRAIG <b>STREET ADDRESS</b> 6830 NW 40TH DR <b>CITY - ST - ZIP</b> GAINESVILLE, FL 32653	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> BRIAN HELMERSON <b>STREET ADDRESS</b> 6736 NW 40TH DRIVE <b>CITY - ST - ZIP</b> GAINESVILLE FL 32653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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> <b>SIGNATURE:</b>  <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>					
Date			Daytime Phone #		