

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-05-2007 90060 020 ****61.25

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1. Entity Name
MILL SPRINGS OWNERS ASSOCIATION, INC.



Principal Place of Business
**79 MASTERS DRIVE
SAINT AUGUSTINE, FL 32084 US**

Mailing Address
**79 MASTERS DRIVE
SAINT AUGUSTINE, FL 32084 US**

66020397



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3312575

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HERREN, JANICE
THE NEIGHBORHOOD MANAGER INC
79 MASTERS DRIVE
SAINT AUGUSTINE, FL 32084**

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

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
VALAER, CARL
4047 CUMBERLAND TRACE WAY
JACKSONVILLE, FL 32257** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
BRIGHT, BARTON
4768 CUMERLAND STATION CT.
JACKSONVILLE, FL 32257** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
CORNELL, TOM
9344 CUMBERLAND ISLE DRIVE
JACKSONVILLE, FL 32257** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Suzanne Thompson
4746 Cumberland Station Court
Jacksonville, FL 32257** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Beth Jaban
9345 Cumberland Station Dr
Jacksonville, FL 32257** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Paige Hanson
9288 Cumberland Station Dr
Jacksonville, FL 32257** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Barbara Underwood
4690 Mills Springs Drive North
Jacksonville, FL 32257** ☐ Change ☒ Addition

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.

SIGNATURE:

Suzanne Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #