

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001632

FILED
Apr 24, 2009
Secretary of State

Entity Name: MILL SPRINGS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

79 MASTERS DRIVE
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

79 MASTERS DRIVE
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-3312575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: VALAER, CARL
Address: 4047 CUMBERLAND TRACE WAY
City-St-Zip: JACKSONVILLE, FL 32257

Title: T () Delete
Name: THOMPSON, SUZANNE
Address: 4746 CUMBERLAND STATION COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: JABAN, BETH
Address: 9345 CUMBERLAND STATION DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: HANSON, PAIGE
Address: 9288 CUMBERLAND STATION DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: S () Delete
Name: LOCKYER, BARBARA
Address: 4690 HILL SPRINGS DR. N.
City-St-Zip: JACKSONVILLE, FL 32257

Title: PD () Delete
Name: LOCKYER, PATRICK
Address: 4690 MILL SPRINGS DR. N.
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GREEN, MICHAEL
Address: 9391 CUMBERLAND ISLEDRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PATRICK LOCKYER

PD

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date