

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003358

**FILED**  
**Feb 04, 2010**  
**Secretary of State**

**Entity Name:** MURCHISON TERRACE RESIDENT ASSOCIATION, INC.

**Current Principal Place of Business:**

3527 NORTH WILTS CIRCLE  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

3527 NORTH WILTS CIRCLE  
ORLANDO, FL 32805

**New Mailing Address:**

**FEI Number:** 59-3324193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLS, DIANN  
3527 NORTH WILTS CIRCLE  
ORLANDO, FL 32805 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:** P  
**Name:** MILLS, DIANN  
**Address:** 3418 S.WILTS CIR. APT 3  
**City-St-Zip:** ORLANDO, FL 32805

**Title:** V  
**Name:** BRYANT, ROSHA  
**Address:** 3436S. WILTS CIRCLE  
**City-St-Zip:** ORLANDO, FL 32805

**Title:** S  
**Name:** MARTINEZ, MARISOL  
**Address:** 1527 MABLE BUTTER AVE. APT. 2  
**City-St-Zip:** ORLANDO, FL 32805

**Title:** T  
**Name:** LOPEZ, MARC  
**Address:** 1561 E. WILTS CIR.  
**City-St-Zip:** ORLANDO, FL 32805

I hereby 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 all other like empowered.

**SIGNATURE:** DIANN MILLS

P

02/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date