

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N97000005858</b>					
<b>1. Entry Name</b> MILLER'S RUN OF BLUEWATER BAY HOMEOWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1940 BLUEWATER BLVD SUITE #11 NICEVILLE, FL 32578 US			<b>Mailing Address</b> P.O. BOX 5163 NICEVILLE, FL 32578 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3477530	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> TOMASCHKO, GREGORY A 1470 TRAVERS CRT NICEVILLE, FL 32578					
<b>7. Name and Address of New Registered Agent</b>					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State <b>FL</b> Zip Code					
<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 <u>Mary E. Corbett</u>					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>TITLE</b> P	<b>NAME</b> SLANINA, FRED <input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 1472 TRAVERS COURT	<b>CITY - ST - ZIP</b> NICEVILLE, FL 32578				
<b>TITLE</b> T	<b>NAME</b> TOMASCHKO, GREG <input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 1470 TRAVERS COURT	<b>CITY - ST - ZIP</b> NICEVILLE, FL 32578				
<b>TITLE</b> S	<b>NAME</b> CORBETT, MARY <input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 4382 HAGEN COURT	<b>CITY - ST - ZIP</b> NICEVILLE, FL 32578				
<b>TITLE</b> D	<b>NAME</b> KILROY, BILL <input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 1475 TRAVERS COURT	<b>CITY - ST - ZIP</b> NICEVILLE, FL 32578				
<b>TITLE</b> VP	<b>NAME</b> LOWE, SARA HELEN <input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 4384 HAGEN COURT	<b>CITY - ST - ZIP</b> NICEVILLE, FL 32578				
<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY - ST - ZIP <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> <u>Mary E. Corbett</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					