

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90101 007 ****61.25

DOCUMENT # N99000000928

1. Entity Name
MILLHOPPER FOREST HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**1731 NW 6TH STREET STE A
GAINESVILLE, FL 32609**

Mailing Address
**1731 NW 6TH STREET STE A
GAINESVILLE, FL 32609**

40047044



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

1731 NW 6TH STREET

Suite, Apt. #, etc.

SUITE A

3. Mailing Address

PO BOX 14506

Suite, Apt. #, etc.

02082007 Chg-NP CR2E037 (12/06)

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

Zip

32609

Country

ALACHUA

Zip

32604

Country

ALACHUA

4. FEI Number
59-3686818

Applied For
Not Applicable

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

**HAUFLER, EUGENE
1731 NW 6TH STREET STE A
GAINESVILLE, FL 32609**

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

Eugene Haufler

E. Haufler

3/8/07

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 PD ☐ Delete
NAME HOWE, RICHARD R
STREET ADDRESS 3940 NW 16TH BLVD. BLDG. A
CITY-ST-ZIP GAINESVILLE, FL 32605

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

TITLE STD ☐ Delete
NAME SALTER, JAMES D
STREET ADDRESS 3940 NW 16TH BLVD. BLDG. B
CITY-ST-ZIP GAINESVILLE, FL 32605

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

TITLE VD ☐ Delete
NAME HUTSON, DENISE L
STREET ADDRESS 3940 NW 16TH BLVD. BLDG. B
CITY-ST-ZIP GAINESVILLE, FL 32605

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

E. Haufler - Pres.

3-22-07

352-367-9192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #