


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90054 020 ****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 P O BOX 14506 GAINESVILLE, FL 32604		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3686818	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUER, WESTON ED BAUR MANAGEMENT INC. 1731 NW 6TH STREET STE A GAINESVILLE, FL 32609			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	NAME HOWE, RICHARD R		TITLE D	NAME 	
STREET ADDRESS 3940 NW 16TH BLVD. BLDG. A	CITY-ST-ZIP GAINESVILLE, FL 32605		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE STD	NAME SALTER, JAMES D		TITLE S	NAME DAVID FOX	
STREET ADDRESS 3940 NW 16TH BLVD. BLDG. B	CITY-ST-ZIP GAINESVILLE, FL 32605		STREET ADDRESS 5130 NW 57TH STREET	CITY-ST-ZIP GAINESVILLE FL 32653	
TITLE VD	NAME HUTSON, DENISE L		TITLE T	NAME PATRICK BIZUB	
STREET ADDRESS 3940 NW 16TH BLVD. BLDG. B	CITY-ST-ZIP GAINESVILLE, FL 32605		STREET ADDRESS 5209 NW 57TH TERRACE	CITY-ST-ZIP GAINESVILLE FL 32653	
TITLE 	NAME 		TITLE P	NAME REES CROSBY	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 4918 NW 55TH STREET	CITY-ST-ZIP GAINESVILLE FL 32653	
TITLE 	NAME 		TITLE D	NAME ALICE WHEELER	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 5780 NW 52ND PLACE	CITY-ST-ZIP GAINESVILLE FL 32653	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		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 <i>Rees Crosby</i> REES CROSBY <i>2/4/08</i> 373-2100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					