

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000928

FILED  
Mar 30, 2009  
Secretary of State

**Entity Name:** MILLHOPPER FOREST HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1731 NW 6TH STREET STE A  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 14506  
GAINESVILLE, FL 32604

**New Mailing Address:**

**FEI Number:** 59-3686818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAUER, WESTON  
ED BAUR MANAGEMENT INC.  
1731 NW 6TH STREET STE A  
GAINESVILLE, FL 32609 US

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

ED BAUR MANAGEMENT, INC.  
1731 NW 6TH STREET  
STE A  
GAINESVILLE, FL 32609 US

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: HAL WHITTET

03/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOWE, RICHARD R  
Address: 3940 NW 16TH BLVD. BLDG. A  
City-St-Zip: GAINESVILLE, FL 32605

Title: S ( ) Delete  
Name: FOX, DAVID  
Address: 5130 NW 57TH STREET  
City-St-Zip: GAINESVILLE, FL 32653

Title: T ( ) Delete  
Name: BIZUB, PATRICK  
Address: 5209 NW 57TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32653

Title: P ( ) Delete  
Name: CROSBY, REES  
Address: 4918 NW 55TH STREET  
City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete  
Name: WHEELER, ALICE  
Address: 5780 NW 52ND PLACE  
City-St-Zip: GAINESVILLE, FL 32653

**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: ( ) 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: REES CROSBY

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date