

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91342 024 \*\*\*\*61.25

**DOCUMENT # N02000008412**

1. Entity Name

**MILL CREEK AT COLONIAL SECTION II CONDOMINIUM AS  
SOCIATION, INC.**



Principal Place of Business

**C/O PULTE HOME CORPORATION  
9148 BONITA BEACH ROAD, SUITE 102  
BONITA SPRINGS FL 34135**

Mailing Address

**C/O PULTE HOME CORPORATION  
9148 BONITA BEACH ROAD, SUITE 102  
BONITA SPRINGS FL 34135**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

*90 Integrated Property Mgmt.  
3435-10th Street N, #201  
Naples, FL*

*34103*



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ 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

**KEMPTON, JOHN STEVEN  
C/O PULTE HOME CORPORATION  
9148 BONITA BEACH ROAD, SUITE 102  
BONITA SPRINGS FL 34135**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 **KEMPTON, JOHN STEVEN**  
STREET ADDRESS **C/O 9148 BONITA BEACH RD., SUITE 102**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **PD** ☐ Change ☒ Addition  
NAME **STACKHOUSE, EDWIN D.**  
STREET ADDRESS **9148 BONITA BEACH RD, SUITE 102**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **VD** ☐ Delete  
NAME **MEEKS, W. MICHAEL**  
STREET ADDRESS **9148 BONITA BEACH RD., SUITE 102**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

TITLE **STD** ☐ Delete  
NAME **RAY, LAURA**  
STREET ADDRESS **9148 BONITA BEACH RD., SUITE 102**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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 exemption stated in Section 119.07(3)(i), 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

*Laura Ray* (Laura Ray)

4/14/03

239-434-7447

CR2E037 (10/02)