
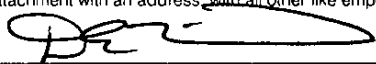


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90248 045 \*\*\*\*61.25

<b>DOCUMENT # N18619</b> 1. Entity Name <b>MILL CREEK ASSOCIATION, INC.</b>			
Principal Place of Business 9115 58TH DR. STE. A BRADENTON, FL 34202 US		Mailing Address 9115 58TH DR. STE. A BRADENTON, FL 34202 US	
2. Principal Place of Business - No P.O. Box # <b>9031 Town Center Pkwy</b>		3. Mailing Address <b>9031 Town Center Pkwy</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Bradenton, FL</b>		City & State <b>Bradenton, FL</b>	
Zip <b>34202</b>		Zip <b>34202</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0035761</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ADVANCED MANAGEMENT, INC.</b> <b>9031 TOWN CENTER PARKWAY</b> <b>BRADENTON, FL 34202</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to: <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LASERMASINI, JOE</b> <b>13624 2ND AVE E</b> <b>BRADENTON, FL 34212</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Shirley Parks</b> <b>207 137th St NE</b> <b>Bradenton FL 34212</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ANZALONE, CARLA</b> <b>13518 4TH AVE NE</b> <b>BRADENTON, FL 34212</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GAVRITY, PETER</b> <b>13542 4TH AVE N</b> <b>BRADENTON, FL 34212</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Victor Schneider</b> <b>605 137th St E</b> <b>Bradenton FL 34212</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CROFOST, DAVID F</b> <b>13624 4TH AVE NE</b> <b>BRADENTON, FL 34212</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Russell Cason</b> <b>511 135th St E</b> <b>Bradenton FL 34212</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GODELL, LINDA</b> <b>701 WOODVIEW WAY</b> <b>BRADENTON, FL 34212</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Tom Grimaldi</b> <b>710 134th St E</b> <b>Bradenton FL 34212</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>WILSON, DOUGLAS E</b> <b>9031 TOWN CENTER PKWY</b> <b>BRADENTON, FL 34202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	

40096980



03242008 Chg-NP CR2E037 (12/06)