1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 724952**

1. Corporation Name

## MILLICENT CONDOMINIUM INC

Principal Place of Business 205 NE 3RD STREET BOYNTON BEACH FL 33435

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

205 NE 3RD STREET BOYNTON BEACH FL 33435

## FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90050 002 \*\*\*\*61.25



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

12/07/1972

59-1450756

FEI Number

23 (		[28]						·· ·· · · · · · · · · · · · · · · · ·				
Zip	Country	Zip	Cour	ntry			Election Campaign I	-			00 м	
24	9. Name and Address of Current	29	30			Trust Fund Contribution Added to Fees  10. Name and Address of New Registered Agent						
			10.	Name and Address	of New K	egistered A	gent					
				81	Name							-
MANIDAS, WILLIAM					2 Street Address (P.O. Box Number is Not Acceptable)							
639 E OCEAN AVE, STE 307												
BOYNTON BEACH FL 33435												
					City FL 85 Zip Code							
office of 6	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change was a	uthorized	by tr	named corpo ne corporation	oration n's bo	n submits this statemerard of directors. I he	ent for the preby accept	ourpose of o t the appoint	hangin Iment a	g its re is regis	gistered tered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered /	Agent	signature required	when re	einstating)		DATE			
12.	OFFICERS AND		13.				ADDITIONS/CHANG	ES TO OFF	ICERS AND	DIRE	CTOR	S IN 12
TITLE	TPD	☐ DELETE	1.1 TIT	LE						Cha	nge	☐ Addition
NAME	KANE, ROBERT		1.2 NAJ	ME								
STREET ADDRESS				TREET ADDRESS								
CITY-ST-ZIP				1.4 CITY-ST-ZIP								
TITLE	SD	☐ DELETE	2.1 TITI	LΕ	İ					☐ Cha	nge	☐ Addition
NAME	NOTHNAGLE, ROBERT J. JR.		2.2 NA	ME								
STREET ADDRESS	4016 ALOE PATH		2.3 STF	REET A	ODRESS							[
CITY-ST-ZIP	OYNTON BEACH FL 33436 2.40			TY-ST	·ZIP · ·			···				
TITLE	D	☐ DELETE	3.1 1111	LE						☐ Cha	nge	☐ Addition
NAME	SMITH, CHARLES R.		3.2 NA	ME	-							
STREET ADDRESS	331 SW 21ST CIRCLE 335		3.3 STF	3.3 STREET ADDRESS								
CITY-ST-ZIP	BOYNTON BEACH FL		3.4. CITY		ZIP					r Cha		[""] A sidition
TITLE		☐ DELETE	4,1 TIT							Cha	nge	Addition
NAME			4. 2 NA									
STREET ADDRESS	•		4.3 STF	REET A	ADDRESS							
CITY-ST-ZIP			4.4 CIT		ZIP					Cha		☐ Addition
TITLE			- 5	5.1 TITLE 5.2 NAME						L Cile	nge	Addison
NAME												
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP		<del></del>	5.4 CIT		ZIP							Addition i
TITLE		☐ DELETE	6.1 TITI		1					☐ Cha	nge	Magaron
NAME	٠		6.2 NA									
STREET ADDRESS					NODRESS							
CITY-ST-ZIP			6.4 CIT	Y-ST-	ZIP		440.07/2\/i\ Eleride	<u> </u>				

I nereby 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 annual report or appreciate annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

561-737-245 Daytime Phone #

P2E037 (11/08)

Applied For

\$8.75 Additional

Fee Required

Not Applicable