

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90009 015 ****61.25

DOCUMENT # 724952

1. Entity Name
MILLICENT CONDOMINIUM INC



40039914

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

Mailing Address
205 NE 3RD STREET
#209
BOYNTON BEACH, FL 33435

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 5802
 Suite, Apt. #, etc.

City & State
LAKE WORTH, FL

Zip Country
33466 Palm Beach



03182007 Cng-NP CR2E037 (12/06)

4. FEI Number
59-1450756

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MANIDAS, WILLIAM
639 E OCEAN AVE. STE 307
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when transferring) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2007

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 NAME STREET ADDRESS CITY ST ZIP	DPT MORAKIS, KATHLEEN 425 MARTIN AVE GREENACRES, FL 33463	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	DS THULLEN, RHONDA 205 NE 3RD STREET #204 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	D WELLMAN, LISA 130 W. OCEAN AVE. #104 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP
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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 info empowered.

SIGNATURE: *Kathleen Morakis* **KATHLEEN MORAKIS** 3/18/07 561-379-2627

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone #