

**2007 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

07 JUL -5 PM 1:53

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



DOCUMENT # 724952			
1. Entity Name MILLICENT CONDOMINIUM INC			
Principal Place of Business 205 NE 3RD STREET BOYNTON BEACH, FL 33435		Mailing Address P.O. BOX 5802 LAKE WORTH, FL 33466	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MANIDAS, WILLIAM 639 E OCEAN AVE, STE 307 BOYNTON BEACH, FL 33435		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 reinstating) DATE _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPT MORAKIS, KATHLEEN <input type="checkbox"/> Delete	TITLE	LOUISE NELSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORAKIS, KATHLEEN	NAME	LOUISE NELSON
STREET ADDRESS	425 MARTIN AVE	STREET ADDRESS	650 NE 15 PLACE
CITY-ST-ZIP	GREENACRES, FL 33463	CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	DS THULLEN, RHONDA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THULLEN, RHONDA	NAME	
STREET ADDRESS	205 NE 3RD STREET #204	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	
TITLE	D PORTER, JOHN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, JOHN	NAME	
STREET ADDRESS	4005 FEDERAL HWY #404	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	NIKKI SCHERZER
STREET ADDRESS		STREET ADDRESS	306 SW 1ST AVE
CITY-ST-ZIP		CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 7-1-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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