2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# N01000004533

Entity Name: MILLENNIUM POINTE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2499 GLADES ROAD
SUITE
BOCA RATON, FL 33431 US

New Principal Place of Business:

2499 GLADES ROAD
SUITE 103
BOCA RATON, FL 33431 US

Current Mailing Address:

2499 GLADES ROAD
SUITE
BOCA RATON, FL 33431 US

New Mailing Address:

2499 GLADES ROAD
SUITE 103
BOCA RATON, FL 33431 US

FEI Number: 65-1127752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, JEFFREY A
4000 N FEDERAL HWY, SUITE 201
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KOOLIK, IAN
Address: 2499 GLADES ROAD SUITE 103
City-St-Zip: BOCA RATON, FL 33431

Title: VTD ( ) Delete
Name: KOOLIK, MERRI
Address: 2499 GLADES ROAD, SUITE 103
City-St-Zip: BOCA RATON, FL 33431

Title: SD ( ) Delete
Name: GOLDBERG, ELIZABETH
Address: 2499 GLADES ROAD SUITE 103
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IAN KOOLIK PD 01/12/2005

Electronic Signature of Signing Officer or Director — Date