

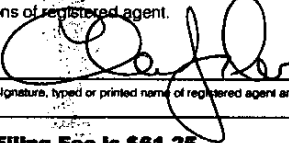
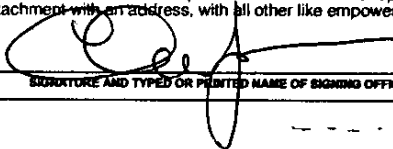


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90012 004 ****70.00

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|--|---|---|--|---|--|
| DOCUMENT # N01000004533 1. Entity Name MILLENNIUM POINTE ESTATES HOMEOWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 2499 GLADES ROAD SUITE 103 BOCA RATON, FL 33431 US | | | | Mailing Address 2499 GLADES ROAD SUITE 103 BOCA RATON, FL 33431 US | |
| 2. Principal Place of Business 709 SE 10th Street Suite, Apt. #, etc. | | 3. Mailing Address 709 SE 10th Street Suite, Apt. #, etc. | |  | |
| City & State Delray Beach, FL | | City & State Delray Bch, FL | | 4. FEI Number 65-1127752 | |
| Zip 33403 | | Country PAIM Bch | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LEVINE, JEFFREY A 4000 N FEDERAL HWY, SUITE 201 BOCA RATON, FL 33431 | | 7. Name and Address of New Registered Agent Name CHERYLL MCGIANN-DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 709 SE 10th Street City Delray Bch FL Zip Code 33483 | | | |
| 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  President Feb 16, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD KOOLIK, IAN 2499 GLADES ROAD SUITE 103 BOCA RATON, FL 33431 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD McGiann-Douglas, Cheryl 709 SE 10th Street Delray Bch, FL 33483 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD KOOLIK, MERRI 2499 GLADES ROAD, SUITE 103 BOCA RATON, FL 33431 | <input checked="" 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 | SD GOLDBERG, ELIZABETH 2499 GLADES ROAD SUITE 103 BOCA RATON, FL 33431 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 like empowered. | | | | | |
| SIGNATURE:  Feb 16, 2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |