

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90558 008 ****61.25

DOCUMENT # N02000008406

1. Entity Name
**MILL CREEK AT COLONIAL SECTION I CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**C/O PULTE HOME CORPORATION
9148 BONITA BEACH ROAD, SUITE 102
BONITA SPRINGS, FL 34235**

Mailing Address
**C/O INTEGRATED PROPERTY MGMT
3435-10TH STREET N. 201
NAPLES, FL 34103**



2. Principal Place of Business
c/o Integrated Property Mgmt.

3. Mailing Address
c/o Integrated Property Mgmt.

Suite, Apt. #, etc.
3435 - 10th Street N., #201

Suite, Apt. #, etc.
3435 - 10th Street N., #201

City & State
Naples, FL

City & State
Naples, FL

03282005 Chg-NP CR2E037 (10/03)

4. FEI Number
56-2354657

Applied For
☐ Not Applicable

Zip
34103

Country

Zip
34103

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEMPTON, JOHN STEVEN
C/O PULTE HOME CORPORATION
9148 BONITA BEACH ROAD, SUITE 102
BONITA SPRINGS, FL 34235**

Name
Shields, Christopher J.
Street Address (P.O. Box Number is Not Acceptable)
1833 Hendry Street

City
**PO Drawer 1507
Ft. Myers FL**

Zip Code
33902

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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
VD ☒ Delete
NAME
MEEKS, W. MICHAEL
STREET ADDRESS
9148 BONITA BEACH RE., STE. 102
CITY-ST-ZIP
BONITA SPRINGS, FL 34235

TITLE
D ☐ Change ☒ Addition
NAME
Coburn, Joan
STREET ADDRESS
11031 Mill Creek Way, #307
CITY-ST-ZIP
Fort Myers, FL 33913

TITLE
STD ☒ Delete
NAME
RAY, LAURA
STREET ADDRESS
9148 BONITA BEACH RE., STE. 102
CITY-ST-ZIP
BONITA SPRINGS, FL 34235

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
PD ☐ Delete
NAME
STACKHOUSE, EDWIN D
STREET ADDRESS
9148 BONITA BCH RD STE 102
CITY-ST-ZIP
BONITA SPRINGS, FL 34135

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

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TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.5.05 239. 949. 7829

Date

Daytime Phone #