


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90029 042 \*\*\*\*61.25

<b>DOCUMENT # N02000008406</b>					
<b>1. Entity Name</b> MILL CREEK AT COLONIAL SECTION I CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O INTEGRATED PROPERTY MGMT. 3455 10TH ST N #201 NAPLES, FL 34103 US			<b>Mailing Address</b> C/O INTEGRATED PROPERTY MGMT. 3455 10TH ST N #201 NAPLES, FL 34103 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 56-2354657	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  SHIELDS, CHRISTOPHER J 1833 HENDRY ST PO DRAWER 1507 FORT MYERS, FL 33902				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ULTRINO, GEORGE <input checked="" type="checkbox"/> Delete 11028 MILL CRK WAY 2904 FORT MYERS, FL 33913		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Miller, Karen 11029 Mill Creek Way #408 Ft. Myers, FL 33913	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP <input type="checkbox"/> Delete SAUNDERS, DAVID 11029 MILL CRK WAY 401 FORT MYERS, FL 33913		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Saunders, David 11029 Mill Creek Way #401 Ft. Myers, FL 33913	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST <input type="checkbox"/> Delete CAMPEGILIA, YVONNE 11028 MILL CRK WAY 2906 FORT MYERS, FL 33913		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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	<input 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>David Saunders</i> <i>PRESIDENT</i> <i>3/21/08</i> <i>330 677-4000</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					