2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N05000000161

Entity Name: MILLENIUM PARC OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5840 RED BUG LAKE RD. #345
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

5840 RED BUG LAKE RD. #345
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEPHAN, REINHARD G ESQ.
2015 W. S.R. 434
LONGWOOD, FL 32779 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: PTD ( ) Delete
Name: QUAID, RICHARD
Address: 2059 WOODLAWN DR.
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete
Name: QUAID, TOMMIE
Address: 2059 WOODLAWN DR.
City-St-Zip: ORLANDO, FL 32803

Title: SD ( ) Delete
Name: CRISP, VICKIE
Address: 5840 RED BUG LAKE RD. #345
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V ( ) Delete
Name: STEPHAN, REINHARD G
Address: 2015 W. S.R. 434
City-St-Zip: LONGWOOD, FL 32779

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RICHARD QUAID PTD 04/20/2009

Electronic Signature of Signing Officer or Director — Date