

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90308 016 ****61.25

DOCUMENT # N05000003168

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



Principal Place of Business
**9148 BONITA BEACH RD., STE. 102
C/O PULTE HOME CORPORATION
BONITA SPRINGS, FL 34135**

Mailing Address
**9148 BONITA BEACH RD., STE. 102
C/O PULTE HOME CORPORATION
BONITA SPRINGS, FL 34135**

50019511



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

04052006 Chg-NP CR2E037 (11/05)

4. FEI Number **20-1578954** 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

**STACKHOUSE, EDWIN D.
9148 BONITA BEACH RD., STE. 102
C/O PULTE HOME CORPORATION
BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent

Name **Shields, Christopher J.**

Street Address (P.O. Box Number is Not Acceptable)
1833 Hendry Street

City **PO Drawer 1507**

Ft. Myers, FL 33902 FL Zip Code

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, 2006**

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

TITLE **DP** ☒ Delete
NAME **STACKHOUSE, EDWIN D.**
STREET ADDRESS **9148 BONITA BEACH RD., STE. 102**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **DVP** ☒ Delete
NAME **MEEKS, W. MICHAEL**
STREET ADDRESS **9148 BONITA BEACH RD., STE. 102**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **DST** ☒ Delete
NAME **RAY, LAURA**
STREET ADDRESS **9148 BONITA BEACH RD., STE. 102**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Change ☒ Addition
NAME **Ratterree, Michele**
STREET ADDRESS **215 SE 21st Terrace**
CITY-ST-ZIP **Cape Coral, FL 33990**

TITLE **DVP** ☐ Change ☒ Addition
NAME **Szalontai, Lewis**
STREET ADDRESS **18475 Strongsville Blvd.**
CITY-ST-ZIP **Strongsville, OH 44149**

TITLE **DST** ☐ Change ☒ Addition
NAME **Svendsen, Karin**
STREET ADDRESS **Skovbivej 4 Asserbo**
CITY-ST-ZIP **Frederviksvaerk, Denmark DK3300**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #