


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90077 038 ****70.00

DOCUMENT # N05000007901

1. Entity Name
 MOSAIC AT MILLENIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 C/O MANAGEMENT OFFICE
 3573 CONROY ROAD
 ORLANDO, FL 32839 US

Mailing Address
 C/O HRC LUXURY CONDOMINIUM, LLC
 250 PARK AVE. SOUTH, 3RD FLOOR
 NEW YORK, NY 10003 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032008 Chg-NP CR2E037 (12/06)

4. FEI Number
 27-0130479

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GALLAGHER, ROBERT E
 150 WEST FLAGLER STREET
 SUITE 2200
 MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name

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

City

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP | PD ETZEL, STEVE <input type="checkbox"/> Delete C/O MGMT. OFFICE, 3573 CONROY ROAD ORLANDO, FL 32839 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD NIEMIEC, ANGELA <input type="checkbox"/> Delete C/O MGMT. OFFICE, 3573 CONROY ROAD ORLANDO, FL 32839 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FROHLICH, SETH <input checked="" type="checkbox"/> Delete C/O MGMT. OFFICE, 3573 CONROY ROAD ORLANDO, FL 32839 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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TD
 ROWENA ROSE
 515 MOUNT PROSPECT AVE. 2B
 NEWARK NJ 07104

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: Stephen Etzel **4/3/08** **207 772-7219**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #