2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State
05-08-2006 90284 026 ****61.25

DOCUMENT # N05000010328

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

Principal Place of Business	Mailing Address
C/O PULTE HOME CORPORATION 9148 BONITA BCH RD STE 102 BONITA SPRINGS, FL 34135	C/O PULTE HOME CORPORATION 9148 BONITA BCH RD STE 102 BONITA SPRINGS, FL 34135

04052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
c/o Integrated Property Mgmt.	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
Zip: 34103 Country:	Zip: 34103 Country:

4. FEI Number: 20-3907919 ☐ Applied For ☐ Not Applicable

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
STACKHOUSE, EDWIN D C/O PULTE HOME CORPORATION 9148 BONITA BCH RD STE 102 BONITA SPRINGS, FL 34135	Name: Shields, Christopher J. Street Address (P.O. Box Number is Not Acceptable): 1833 Hendry Street PO Drawer 1507 City: 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 _____ 4/15/06
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO STACKHOUSE, EDWIN D 9148 BONITA BCH RD STE 102 BONITA SPRINGS, FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Albanese, Ralph 9564 Hemingway Lane #3101 Ft. Myers, FL 33913	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MEEKS, W. MICHAEL C/O PULTE HOME CORPORATION BONITA SPRINGS, FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cigna, Paul 749 S. Mecosta Lane Romeoville, IL 60446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST RAY, LAURA C/O PULTE HOME CORPORATION BONITA SPRINGS, FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Miciak, Lewis 216 Arizona Drive Brick, NJ 08723	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4/23/6 239-745-5378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #