
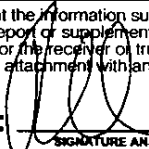


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90038 013 ****61.25

DOCUMENT # N05000010328 1. Entity Name MILL RUN AT COLONIAL SECTION I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O INTERGRATED PROPERTY MGMT 3435-10TH ST N 201 NAPLES, FL 34103			Mailing Address C/O INTERGRATED PROPERTY MGMT 3435-10TH ST N 201 NAPLES, FL 34103		
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	4. FEI Number 20-3907919	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHIELDS, CHRISTOPHER J 1833 HENDRY ST PO DRAWER 1507 FORT MYERS, FL 33902			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D		TITLE	DP	
NAME	ALBANESE, RALPH		NAME	Albanese, Ralph	
STREET ADDRESS	9564 HEMINGWAY LN STE 3101		STREET ADDRESS	9564 Hemmingway Lane, #3101	
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP	Ft. Myers, FL 33913	
TITLE	D		TITLE	DVP	
NAME	CIGNA, PAUL		NAME	Miciak, Lewis	
STREET ADDRESS	749 S MICOSTA LN		STREET ADDRESS	9570 Hemmingway Lane, #3207	
CITY-ST-ZIP	ROMEOWILLE, IL 60446		CITY-ST-ZIP	Ft. Myers, FL 33913	
TITLE	D		TITLE	DST	
NAME	MICLAK, LEWIS		NAME	Cigna, Paul	
STREET ADDRESS	216 ARIZONA DR		STREET ADDRESS	9576 Hemmingway Lane, #3308	
CITY-ST-ZIP	BRICK, NJ 08723		CITY-ST-ZIP	Ft. Myers, FL 33913	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  RALPH A. ALBANESE 3/28/07 239-745-5378					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					