

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

03222007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-3907919	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required <input type="checkbox"/>

6. Name and Address of Current 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

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, 2007**

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	D ALBANESE, RALPH 9564 HEMINGWAY LN STE 3101 FORT MYERS, FL 33913	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DP Albanese, Ralph 9564 Hemmingway Lane, #3101 Ft. Myers, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIGNA, PAUL 749 S MICOSTA LN ROMEovILLE, IL 60446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DVP Miciak, Lewis 9570 Hemmingway Lane, #3207 Ft. Myers, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAK, LEWIS 216 ARIZONA DR BRICK, NJ 08723	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DST Cigna, Paul 9576 Hemmingway Lane, #3308 Ft. Myers, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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:

RALPH A. ALBANESE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07

239-745-5378

Date

Daytime Phone #