

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 08:00 A
Secretary of State

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**



02292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3907919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHIELDS, CHRISTOPHER J
1833 HENDRY ST
PO DRAWER 1507
FORT MYERS, FL 33902**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000862390
04/03/08-80072-023 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ALBANESE, RALPH 9564 HEMINGWAY LN STE 3101 FORT MYERS, FL 33913
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CIGNA, PAUL 9576 HAMMINGWAY LANE #3308 FORT MYERS, FL 33913
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MICLAK, LEWIS 9570 HEMMINGWAY LANE #3207 FORT MYERS, FL 33913
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**DO NOT WRITE
IN THIS SPACE**

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

RALPH A. ALBANESE 3/10/8 239-745-5378

Date

Daytime Phone #