2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006535

FILED Jan 30, 2009 Secretary of State

Entity Name: MILL RUN AT COLONIAL SECTION III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N #201 NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N #201 NAPLES, FL 34109

FEI Number: 20-3907878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHEILDSN, CHRISTOPHER J 1833 HENDRY STREET PO DRAWER 15079 FORT MYERS, FL 33902 US SHEILDSN, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33902 US

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.

SIGNATURE: 01/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: DEMAVICH, RODNEY Name: DERNAVICH, RODNEY Address: 9654 HEMMINGWAY LANE #450

City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: FORT MYERS, FL 33913

Title: DVP () Delete Title: () Change () Addition

 Name:
 WILLIAMS, PATRICIA
 Name:

 Address:
 9654 HEMMINGWAY LN #4501
 Address:

 City-St-Zip:
 FORT MYERS, FL 33913
 City-St-Zip:

Title: DST () Delete Title: () Change () Addition

 Name:
 HALLIDAY, DOUGLAS
 Name:

 Address:
 9654 HEMMINGWAY LN #4501
 Address:

 City-St-Zip:
 FORT MYERS, FL 33913
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RODNEY DERNAVICH DP 01/30/2009