

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17578

FILED
May 11, 2007
Secretary of State

Entity Name: MILLS PROFESSIONAL BUILDING II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

610 N. MILLS AVE.
SUITE 100
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

610 N. MILLS AVE.
SUITE 100
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-2925777 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DAVIS, WILBUR M
610 NORTH MILLS AVE.
SUITE 100
ORLANDO, FL 32803 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, WILBUR MCL. J. R.
Address: 610 N. MILLS AVE., STE 100
City-St-Zip: ORLANDO, FL 32803

Title: STD () Delete
Name: COFFAE, KENNETH
Address: 610 N. MILLS AVE.
City-St-Zip: ORLANDO, FL 32803

Title: PD () Delete
Name: BUCHS, ANDRE,
Address: 610 N. MILLS AVE., STE 100
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BUCHS, ANDRE U DMD
Address: 610 N. MILLS AVE., STE 100
City-St-Zip: ORLANDO, FL 32803

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: WILBUR M DAVIS

P

05/11/2007

Electronic Signature of Signing Officer or Director

Date