


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90113 007 \*\*\*\*61.25

0065723

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N18619**

1. Corporation Name  
**MILL CREEK ASSOCIATION, INC.**

Principal Place of Business MILL CREEK HOA 5803 BRADEN RUN BRADENTON FL 34202 US	Mailing Address MILL CREEK HOA 5803 BRADEN RUN BRADENTON FL 34202 US
--	--



2. Principal Place of Business 21 <b>9115 58th DR. E.</b> Suite, Apt. #, etc. 22 <b>Suite A</b> City & State 23 <b>BRADENTON, FL</b> Zip 24 <b>34202</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>9115 58th DR. E.</b> Suite, Apt. #, etc. 27 <b>Suite A</b> City & State 28 <b>BRADENTON, FL</b> Zip 29 <b>34202</b> Country 30 <b>USA</b>	3. Date Incorporated or Qualified <b>01/05/1987</b>	4. FEI Number <b>65-0035761</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		

9. Name and Address of Current Registered Agent

**CROWN-BOLTZ, KITT**  
**5803 BRADEN RUN**  
**BRADENTON FL 34202**

10. Name and Address of New Registered Agent

81 Name **Phillip D. Leckey**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**9115 58th DR. E.**  
 83 **Suite A**  
 84 City **BRADENTON, FL** 85 Zip Code **34202**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **PHILLIP D. LECKEY** DATE **2/12/99**

Signature, type, or typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LECKEY, PHILLIP D	
STREET ADDRESS	5803 BRADEN RUN	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SANDERS, LINDA	
STREET ADDRESS	5803 BRADEN ROAD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CROWN-BOLTZ, KATHRYN M	
STREET ADDRESS	5803 BRADEN RUN	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Kent Kimes	
STREET ADDRESS	13631 2nd Ave E.	
CITY-ST-ZIP	BRADENTON, FL. 34202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **PHILLIP D. LECKEY** DATE **2/12/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)