
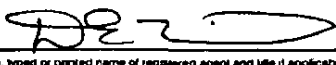
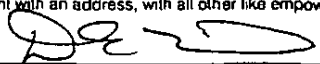


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-06-2007 90028 027 ****61.25

| | | | | | |
|--|---------------------|--|---|--|--|
| DOCUMENT # N18619 | | | |  | |
| 1. Entity Name MILL CREEK ASSOCIATION, INC. | | | | | |
| Principal Place of Business 9115 58TH DR. STE. A BRADENTON, FL 34202 US | | Mailing Address 9115 58TH DR. STE. A BRADENTON, FL 34202 US | | | |
| 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 | 4. FEI Number 65-0035761 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| COUNTRIE WIDE MGMT SERV., INC 9115 48 DRIVE E SUITE A BRADENTON, FL 34202 | | | | Name Advanced Management, Inc. | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 9031 Town Center Parkway | |
| | | | | City Bradenton FL Zip Code 34202 | |
| 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  | | | | DATE 4-3-07 | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 | V | <input checked="" type="checkbox"/> Delete | TITLE | Joe Lasermann | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KIMES, JAMES K | | NAME | | |
| STREET ADDRESS | 13410 2ND AVE | | STREET ADDRESS | 13624 2nd Ave E | |
| CITY-ST-ZIP | BRADENTON, FL 34212 | | CITY-ST-ZIP | Bradenton FL 34412 | |
| TITLE | Secy | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANZALONE, CARLA | | NAME | | |
| STREET ADDRESS | 13518 4TH AVE NE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON, FL 34212 | | CITY-ST-ZIP | | |
| TITLE | President | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GAVRITY, PETER | | NAME | | |
| STREET ADDRESS | 13542 4TH AVE N | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON, FL 34212 | | CITY-ST-ZIP | | |
| TITLE | Treasurer | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CROFOST, DAVID F | | NAME | | |
| STREET ADDRESS | 13624 4TH AVE NE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON, FL 34212 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | V President | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | Linda Goodell | |
| STREET ADDRESS | | | STREET ADDRESS | 701-woodview way | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Bradenton FL 34212 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | AS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Douglas E. Wilson | |
| STREET ADDRESS | | | STREET ADDRESS | 9031 Town Center Pkwy | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Bradenton, FL 34202 | |
| 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:  | | | | DATE 4-3-07 (941) 359-1134 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |