

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28473
1. Corporation Name

The Community Association for Mill Run, Collier County

Principal Place of Business

Mailing Address

REINSTATEMENT 97-98

3. Date Incorporated or Qualified
9/22/1988

4. FEI Number
59-2090983

Applied For
Not Applicable

2. Principal Place of Business

21 1044 Castello Drive

22 Suite, Apt. #, etc.
Suite 206

23 City & State
Naples, FL

24 Zip
34103

25 Country
USA

2a. Mailing Address

26 1044 Castello Drive

27 Suite, Apt. #, etc.
Suite 206

28 City & State
Naples, FL

29 Zip
34103

30 Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81
82 Southwest Property Management Corp.
83 1044 Castello Drive, Suite 206
84 Naples, FL 34103

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 **Stephen E. Williams, President**

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Sladick, Paul
STREET ADDRESS 1906 Fairfax Circle
CITY-ST-ZIP Naples, FL 34109

TITLE ☐ DELETE

NAME V/D Baranski, Kathy
STREET ADDRESS 2009 Deerfield Circle
CITY-ST-ZIP Naples, FL

TITLE ☐ DELETE

NAME S/D Boaz, Wendy
STREET ADDRESS 6933 Wellington Drive
CITY-ST-ZIP Naples, FL

TITLE ☐ DELETE

NAME T/D Slack, Mark
STREET ADDRESS 2150 Goodlette Road North
CITY-ST-ZIP Naples, FL

TITLE ☐ DELETE

NAME D Burzynski, Jill
STREET ADDRESS 1124 Goodlette Road North
CITY-ST-ZIP Naples, FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 600002594636--3
1.4 CITY-ST-ZIP -07/21/98--01098--013
****236.25 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME 600002594636--3
2.3 STREET ADDRESS -07/21/98--01098--014-3
2.4 CITY-ST-ZIP *****61.25 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (10/97)