2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
04-05-2001 90002 033 ****61.25

0005338

DOCUMENT # N28473

1. Entity Name

THE COMMUNITY ASSOCIATION FOR MILL RUN, COLLIER

Principal Place of Business	Mailing Address
1044 CASTELLO DRIVE SUITE 206 NAPLES FL 34103 US	1044 CASTELLO DRIVE SUITE 206 NAPLES FL 34103 US

J21818

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0568587 ✓ ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOUTHWEST PROPERTY MANAGEMENT CORP. ~~1039 CASTELLO DRIVE~~ SUITE 206 NAPLES FL 34103	Name Street Address (P.O. Box Number is Not Acceptable) 1044 Castello Drive City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SLADICK, PAUL 1906 FAIRFAX CIRCLE NAPLES FL 34109	☐ Delete ✗	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd VD Dr. Martin Bell 1906 Manchester Cr. Naples, FL 34109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BARANSKI, KATHY 2009 DEERFIELD CIRCLE NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD John Valenti 2003 Deerfield Cr. Naples, FL 34109	☐ Change ☒ Addition ✗
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GARBO, LAURI 1908 FAIRFAX CIR NAPLES FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ SLACK, MARK ~~2150 GOODLETTE ROAD NORTH~~ ~~NAPLES FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD 6917 Mill Run. Cr. Naples, FL 34109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURZYNSKI, JILL 1124 GOODLETTE ROAD NORTH NAPLES FL	☒ Delete ✗	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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: SIGNATURE REQUIRED Mark A. Slack 3/30/01 941-261-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #