

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28473

FILED  
Mar 06, 2007  
Secretary of State

**Entity Name:** THE COMMUNITY ASSOCIATION FOR MILL RUN, COLLIER COUNTY, INC.

**Current Principal Place of Business:**

1044 CASTELLO DRIVE  
SUITE 206  
NAPLES, FL 34103 US

**New Principal Place of Business:**

668 CYPRESS WAY EAST  
NAPLES, FL 34110 US

**Current Mailing Address:**

1044 CASTELLO DRIVE  
SUITE 206  
NAPLES, FL 34103 US

**New Mailing Address:**

PO BOX 112830  
NAPLES, FL 34108 US

**FEI Number:** 65-0568587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOUTHWEST PROPERTY MANAGEMENT CORP.  
1044 CASTELLO DR  
SUITE 206  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

PROPERTY MANAGEMENT SOLUTIONS, LLC  
668 CYPRESS WAY EAST  
NAPLES, FL 34110 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: PATRICIA L. GOUDY

03/06/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: FIGUEROA, GUITERMO  
Address: 1906 FAIRFOX CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: T ( ) Delete  
Name: DEMKOVICH, PAUL  
Address: 7073 MILL RUN CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: P ( ) Delete  
Name: SLACK, MARK  
Address: 6917 MILL RUN CR  
City-St-Zip: NAPLES, FL 34109

Title: S ( ) Delete  
Name: RACKE, JOE  
Address: 7126 MILL RUN CIR  
City-St-Zip: NAPLES, FL 34109

Title: V ( ) Delete  
Name: BARASKI, KATHRYN  
Address: 2009 DEERFIELD CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: VD (X) Delete  
Name: FIGUEROA, GUILERMO  
Address: 1906 FAIRFAX CIRCLE  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: FIGUEROA, GUITERMO  
Address: 1906 FAIRFOX CIRCLE  
City-St-Zip: NAPLES, FL 34109

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK SLACK

P

03/06/2007

Electronic Signature of Signing Officer or Director

Date