2008 NOT-FOR-PROFIT CORPORATION

Apr 17, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # N28473** 04-17-2008 90040 017 ****61.25 1. Entity Name THE COMMUNITY ASSOCIATION FOR MILL RUN, COLLIER COUNTY, INC. Principal Place of Business Mailing Address 668 CYPRESS WAY EAST PO BOX 112830 NAPLES, FL 34110 NAPLES, FL 34108 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address O ABILITY 10 ABILITY MANAGEMENT MANAGEMENT Suite, Apt. #, etc. Suite, Apt. #, et 03192008 Chg-NP CR2E037 (12/06) TRAIL P.O. B& City & State City & State 4. FEI Number 65-0568587 Applied For NAPLES NAPLES Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П <u>34107</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PROPERTY MANAGEMENT SOLUTIONS, LLC DENNIS F. LIVELY Street Address (P.O. Box Number is Not Acceptable) 668 CYPRESS WAY EAST ABILILY MANAGEMENT NAPLES, FL 34110 TRAIL BLUD Zip Code 34/08 NAPLES 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 . 5. . . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. S TITLE ☐ Delete TITI F Change ☐ Addition FIGUEROA, GUITERMO NAME NAME STREET ADDRESS 1906 FAIRFOX CIRCLE STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change JOHN AYCOCK DEMKOVICH, PAUL NAME NAME 1908 MANCHESTER CIRCLE STREET ADDRESS 7073 MILL RUN CIRCLE STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-7IP NAPLES, FL 34109 TITLE Delete TITLE Change Addition NAME SLACK, MARK NAME 6917 MILL RUN CR STREET ADORESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP TITLE ☐ Delete Change Addition RACKE, JOE NAME NAME 7126 MILL RUN CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARASKI, KATHRYN NAME NAME STREET ADDRESS 2009 DEERFIELD CIRCLE STREET ADDRESS CITY+ST-78P NAPLES, FL 34109 CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Channe

12. I hereby certify that the information supplied with this filling 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 of 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 vith all other-like emp changed, or on an attachme

PRINTED NAME OF SIGNING OFFICER OR DIRECTO

NAME -

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

NAME.

STREET ADDRESS

CITY-ST-ZIP

MIKE HACKLEMAN 6761 MILL RUNCIRCLE

NAPLES, FL 34109

239-591-4200