## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N28473

FILED Apr 15, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

C/O ABILITY MANAGMENT
6312 TRAIL BLVD.
NAPLES, FL 34108 US

C/O ABILITY MANAGMENT
6736 LONE OAK BLVD
NAPLES, FL 34109 US

Current Mailing Address: New Mailing Address:

C/O ABILITY MANAGEMENT
P.O. BOX 770278

VANDERBILT BEACH, FL 34107

US

C/O ABILITY MANAGMENT
6736 LONE OAK BLVD
NAPLES, FL 34109

US

FEI Number: 65-0568587 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LIVELY, DENNIS F
ABILITY MANAGEMENT
6312 TRAIL BLVD.
NAPLES, FL 34108 US
LIVELY, DENNIS F
C/O ABILITY MANAGEMENT
6312 TRAIL BLVD.
NAPLES, FL 34109 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: DENNIS F. LIVELY 04/15/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S ( ) Delete Title: P (X) Change ( ) Addition Name: FIGUEROA, GUITERMO Name: FIGUEROA, GUITERMO

 Name:
 FIGUEROA, GUITERMO
 Name:
 FIGUEROA, GUITERMO

 Address:
 1906 FAIRFOX CIRCLE
 Address:
 1906 FAIRFOX CIRCLE

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:
 NAPLES, FL 34109

Title: D ( ) Delete Title: VP (X) Change ( ) Addition

Name: AYCOCK, JOHN Name: AYCOCK, JOHN

Address: 1908 MANCHESTER CIRCLE Address: 1908 MANCHESTER CIRCLE
City-St-Zip: NAPLES, FL 34109
City-St-Zip: NAPLES, FL 34109

Title: P ( ) Delete Title: ST (X) Change ( ) Addition Name: RACKE, JOE Name: HAMILTION, SUSAN

 Address:
 7126 MILL RUN CIR
 Address:
 7230 MILL RUN CIR

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:
 NAPLES, FL 34109

 $\label{eq:title:Title:D} {\sf Title:} \qquad {\sf V} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 BARASKI, KATHRYN
 Name:
 ALLARD, GREG

 Address:
 2009 DEERFIELD CIRCLE
 Address:
 6773 MILL RUN CIRCLE

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:
 NAPLES, FL 34109

Title: T ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 HACKLEMAN, MIKE
 Name:
 HACKLEMAN, MIKE

 Address:
 6761 MILL RUN CIRCLE
 Address:
 6761 MILL RUN CIRCLE

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:
 NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify 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: DENNIS F. LIVELY MGR 04/15/2009