2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28473

1. Entity Name

THE COMMUNITY ASSOCIATION FOR MILL RUN, COLLIER COUNTY, INC.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90403 040 ****61.25

	of Business		Mailing Address	•						
044 CASTELLO DRIVE			1044 CASTELLO DRIVE SUITE 206							
SITE 206	2		NAPLES FL 34103					615 6 2 5 11 616 11 5		A1811 (80 1
aples fl 34103 S	•		US							1111/111
. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
Oh. P. Shata		City & State			4. FEI Number 65	-0568587		Ap	plied For	
City & State		Oily a diate						Not Applicable		
Zip		Country	Zip	Country		5. Certificate of Sta	atus Desired		8.75 Add ee Required	
<u>:</u>	6. Name a	and Address of Curren	nt Registered Agent		<u>.</u>	7. Name and Add	ress of New R	egistered Ag	jent	
		o propriet		Name	-	·				
SOUTHWE	ST PROPE	RTY MANAGEMENT	CORP.	Street 4	Address (I	P.O. Box Number is N	lot Acceptable)		
1933 CAST				104	4 (a	Stello Di	116			
SUITE 206				-	_					
NAPLES FL 34103				City				FL	Zip Code	9
			for the purpose of changing its	registered office (or register	red agent or both in	the State of Flo	rida. I am fa	miliar with,	and accept
. The above n the obligatio	named entity	submits this statement	for the purpose of changing it	3 70 g 10 to 10 = 1 = 1						
the obligatio	als or registe	red agent.								
IGNATURE _ s	Signature, typed o	or printed name of registered age	ent and title if applicable. (NO	TE: Registered Agent signs	ature required	d when reinstating)		DATE		
										
									Darrahla	4_
		10 404 05	9. Election Ca	mpaign Financing		\$5.00 May Be		ke Check		
F	ILE NOW:	FEE IS \$61.25		mpaign Financing Contribution.		\$5.00 May Be Added to Fees		ke Check da Depart		
	ILE NOW:		Trust Fund	Contribution.		Added to Fees	Florid	da Depart	ment of S	State
0.		OFFICERS AND	Trust Fund	Contribution.	145	Added to Fees ADDITIONS/CHANG	Florid ES TO OFFICE	da Depart	ment of S	State
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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 any address, path an other first empowered.

SIGNATURE: