2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# N39186

Entity Name: MILLSTREAM ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3021749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434, STE. 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FRAZIER, TERRY
Address: 5348 MILL STREAM DR
City-St-Zip: ST CLOUD, FL 34711

Title: VPD ( ) Delete
Name: BORN, LOIS
Address: 5352 MILL STREAM DR
City-St-Zip: ST CLOUD, FL 34711

Title: SD ( ) Delete
Name: O'NEIL, STEVE
Address: 5287 MILL STREAM DRIVE
City-St-Zip: ST CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TIERNO, AL
Address: 5323 MILL STREAM DR
City-St-Zip: ST CLOUD, FL 34711

Title: VPD (X) Change ( ) Addition
Name: REEG, FRED
Address: 5320 MILL STREAM DR
City-St-Zip: ST CLOUD, FL 34711

Title: SD (X) Change ( ) Addition
Name: BORN, LOIS
Address: 5352 MILL STREAM CT
City-St-Zip: ST CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AL TIERNO PD 04/19/2005

Electronic Signature of Signing Officer or Director — Date