

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2006  
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: TIERNO, AL  
Address: 5323 MILL STREAM DR  
City-St-Zip: ST CLOUD, FL 34711

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

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

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

Title: PD (X) Change ( ) Addition  
Name: OLIVO, PETE  
Address: 5332 MILL STREAM DR  
City-St-Zip: ST CLOUD, FL 34711

Title: VPD (X) Change ( ) Addition  
Name: HERRICK, RON  
Address: 2774 SHANNIN DR  
City-St-Zip: ST CLOUD, FL 34711

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: PETE OLIVO

PD

04/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date