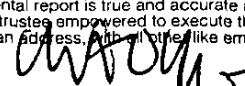


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90016 050 ****61.25

DOCUMENT # N97000001423			
1. Entity Name MILL WALK HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O CAMS 314 NE 3RD ST BOYNTON BEACH, FL 33435		Mailing Address C/O CAMS 314 NE 3RD ST BOYNTON BEACH, FL 33435	
2. Principal Place of Business - No P.O. Box # PRIME MANAGEMENT Suite, Apt. #, etc. 6595 Smith Farm Blvd.		3. Mailing Address PRIME MANAGEMENT Suite, Apt. #, etc. 6595 Smith Farm Blvd.	
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL	
Zip 33467		Country USA	
6. Name and Address of Current Registered Agent CANTELLO, PAMELA 6626 WAVERLY LANE LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name: KAUFMAN, CHRIS Street Address (P.O. Box Number is Not Acceptable) 6580 COLUMBIA AVE City: LAKE WORTH FL Zip Code: 33467	
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:  DATE: 2/12/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CANTELLO, PAMELA 6626 WAVERLY LANE LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAUFMAN, CHRIS 6580 COLUMBIA AVENUE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, DEBBIE 6572 COLUMBIA AVE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. HARRIS, Debbie 6574 Columbia Avenue LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D. CHASE, Vicki 6578 Waverly Lane LAKE WORTH, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRAGA, DANIEL 6603 Columbia Avenue LAKE WORTH, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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 an address, with all other like empowered.			
SIGNATURE: 		CHRIS KAUFMAN 2-23-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

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01232008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0743938 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required