## 2007 NOT-FOR-PROFIT CORPORATION

## FILED May 14, 2007 8:00 am Secretary of State

05-14-2007 90084 048 \*\*\*\*61.25

## ANNUAL REPORT

DOCUMENT # N99000000275 MILLBROOK HOMEOWNERS' ASSOCIATION, INC. Principal Alace of Business Mailing Address 1260 MILABROOK CIRCLE BRADENTON, FL 34212 % CASEY CONDOMINIUM MANAGEMENT, LLC 4370 S. TAMIAMI TRAIL, SUITE 156-SARASOTA, FL 34231 2. Principal Place of Business. No P.O. Box # 4370 5. Tamam: Trai 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc 04182007 Chq-NP CR2E037 (12/06) Applied For City & State FEI Number 65-0899245 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASEY CONDOMINIUM MGMT, LLC Street Address (P.O. Box Number is Not Acceptable) 4370 S. TAMIAMI TRAIL SUITE 156 SARASOTA, FL. 34231 Suiteloz Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD ☐ Delete TITLE TITLE D 📈 Change ☐ Addition NAME KELLY, J.R. NAME 1322 MILLBROOK CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34212 CITY-ST-ZIP  $\mathbf{v}\mathbf{p}\mathbf{v}$ Addition ☐ Delete TITLE Change FOSTER, LINDA NAME NAME 12611 MILLBROOK CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34212 CITY-ST-ZIP Delete TITLE Change TITLE SD ☐ Addition NAME HUGHES, NANCY NAME 1327 MILLBROOK CIRCLE STREET ADDRESS STREET ADDRESS BRADENTON, FL 34212 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete leiman Stoward 284 Millbrook NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS Bradenton, FL CITY-ST-ZIP CITY-ST-ZIP 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 tike empowered.

OFFICER OR DIRECTOR

Sanislow wendy

Date

Daytime Phone #