

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90121 007 ****70.00

DOCUMENT # N99000001660

1. Entity Name

MILL CREEK PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~205 39TH CT~~ **265 39th COURT** ~~205 39TH CT~~ **265 39th COURT**
 VERO BEACH FL 32968 VERO BEACH FL 32968



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0953691

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BRACKETT, SHANNON~~ **ENGLE, WILLIAM D.**
~~205 39TH CT~~ **265 39th COURT**
 VERO BEACH FL 32968

Name **WILLIAM D. ENGLE**
 Street Address (P.O. Box Number is Not Acceptable)
265 39th COURT
 City **VERO BEACH** FL Zip Code **32968**

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.

SIGNATURE William D. Engle DATE 1/18/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BRACKETT, SHANNON	
STREET ADDRESS	205 39TH CT	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	PENSCH, ALBERT C	
STREET ADDRESS	255 39TH CT	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANGERFIELD, DAVE	
STREET ADDRESS	285 39TH CT	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	JACK D. PHILLIPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK D. PHILLIPS	
STREET ADDRESS	325 39th COURT	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM D. ENGLE	
STREET ADDRESS	265 39th COURT	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN F. BRADY	
STREET ADDRESS	220 39th COURT	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 an address, with all other like empowered.

SIGNATURE: William D. Engle DATE: 1/18/02 (561) 299-0414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/01)