

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N99000002176

1. Entity Name
MILLENNIUM SQUARE PROPERTY OWNERS
ASSOCIATION, INC.



Principal Place of Business
656 BUCK HENDRY WAY
STUART, FL 34994

Mailing Address
656 BUCK HENDRY WAY
STUART, FL 34994

DO NOT WRITE IN THIS SPACE

**FILED
Mar 15, 2005 8:00 am
Secretary of State**

03-15-2005 90031 004 ****61.25



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1128883	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SATUR, DAVID
867 N.E. KUBIN AVE.
JENSEN BEACH, FL 34957

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SPD
NAME SATUR, DAVID
STREET ADDRESS 867 N.E. KUBIN AVENUE
CITY-ST-ZIP JENSEN BEACH, FL 34957

656 Buck Hendry Way
STUART FL, 34994

TITLE DT
NAME HENDRY, KAREN
STREET ADDRESS 2108 N.E. RIVER COURT
CITY-ST-ZIP JENSEN BEACH, FL 34957

656 Buck Hendry Way
STUART FL, 34994

TITLE DV
NAME HENDRY, A A III
STREET ADDRESS 656 BUCK HENDRY WAY
CITY-ST-ZIP STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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: *David Satur* David Satur
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DO NOT WRITE
IN THIS SPACE**

3/15/05 772-682-9555
Date Daytime Phone #