

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

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

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

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**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1128883

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**SPD
SATUR, DAVID
867 N.E. KUBIN AVENUE
JENSEN BEACH, FL 34957**
*656 BUCK HENDRY WAY
STUART FL, 34994*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
HENDRY, KAREN
2108 N.E. RIVER COURT
JENSEN BEACH, FL 34957**
*656 Buck Hendry Way
STUART FL, 34994*

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

3/5/05 **772-682-9555**

Date

Daytime Phone #