2007 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 04-02-2007 90056 040 ****61.25 N99000002176

FILED

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SECKEDANT OF STATE TALLAHASSEE, FLORIDA

2. Principal Place of Business - No P.O. Box # 3. Malling Address Suite, Apt. #, etc. Applied For the Suite Suite, Apt. #, etc. Applied For the Suite, Dusino \$5.75 Agatoone \$6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Annual Suite, Apt. #, etc. Applied For the Suite, David Street Address (P.O. Box Number is Not Acceptable) SATUR, DAVID Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) En above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I em familiar with, and accept the above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I em familiar with, and accept the above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I em familiar with, and accept the above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I em familiar with, and accept the above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I em familiar with, and accept the above named entity submits this statement agent and the floorests. Into the purpose agent submits adapted to Florida Department of State Filling Foe is \$41.25 Due by May 1, 2007 Due	STUART, FL 34994 STUART, FL 34994											
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Street Address (P.O. Box Number is Not Acceptable) City	CATUR DAVID						Name					
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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							I					i

12. Thereby certify that the information supplied with this tiling does not quality for the exemptions contained in Chapter 119, Horida 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

NATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

3/29/07

772-692-9555