I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Ρ

#### SIGNATURE: KATHLEEN MORAKIS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 724952

Entity Name: MILLICENT CONDOMINIUM INC

# **Current Principal Place of Business:**

205 N.E. 3RD ST. BOYNTON BEACH, FL 33435

## **Current Mailing Address:**

1500 GATEWAY BLVD. SUITE 220 BOYNTON BEACH, FL 33426

# FEI Number: 59-1450756

# Name and Address of Current Registered Agent:

BOYNTON BEACH FL 33435

BECKER & POLIAKOFF, PA 625 N FLAGLER DR 7TH FLOOR WEST PALM BEACH, FL 33401 US

SIGNATURE:

City-State-Zip:

Electronic Signature of Registered Agent **Officer/Director Detail :** PRESIDENT Title Title VPS MORAKIS, KATHLEEN Name Name IANNACE, JERRY 425 MARTIN AVE **PO BOX 105** Address Address NORTH SALEM NY 10560 City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: Title S, T TARDONIA, SHARON Name Address 205 NE 3RD STREET #101

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.

Certificate of Status Desired: No

Date

FILED Apr 24, 2013 Secretary of State CC0358299572

> 04/24/2013 Date