

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # 761466
1. Entity Name
LAKE MILLS shores Homeowners ASSOCIATION, INC

02 DEC -3 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *PO BOX 621636* 3. Mailing Address *PO BOX 621636*
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *OVIEDO, FL* City & State *OVIEDO, FL* 4. FEI Number *592660902* Applied For Not Applicable
Zip *32762* Country *SEMINOLE* Zip *32762* Country *SEMINOLE* 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name *MICHAEL B NOEL*
Street Address (P.O. Box Number is Not Acceptable) *924 MILLSHORE DR*
City *CHULUOTHA* FL Zip Code *32766*

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 *Michael B Noel* President 10/21/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25
Initial or Amended UBR**

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			
TITLE	<i>DP</i>	TITLE	
NAME	<i>MIKE B. NOEL</i>	NAME	
STREET ADDRESS	<i>924 MILLSHORE DR</i>	STREET ADDRESS	<i>900009333269</i>
CITY-ST-ZIP	<i>CHULUOTHA, FL 32766</i>	CITY-ST-ZIP	<i>12/04/02--01009--012 **61.25</i>
TITLE	<i>DVP</i>	TITLE	
NAME	<i>JONATHAN DICKI</i>	NAME	
STREET ADDRESS	<i>818 MELODY DR</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>CHULUOTHA, FL 32766</i>	CITY-ST-ZIP	
TITLE	<i>TD</i>	TITLE	
NAME	<i>TIMOTHY BOGDANY</i>	NAME	
STREET ADDRESS	<i>818 MELODY DR</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>CHULUOTHA, FL 32766</i>	CITY-ST-ZIP	
TITLE	<i>DS</i>	TITLE	
NAME	<i>WASHBURN, MILTON</i>	NAME	
STREET ADDRESS	<i>932 EMERALD DR</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>CHULUOTHA, FL 32766</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael B Noel* 10/21/02 4077659657

CR2E037B (12/01)