


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 761466 1. Entity Name LAKE MILLS SHORES HOMEOWNERS' ASSOCIATION, INC.						<div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">FILED</div> <div style="font-size: 1.2em;">08 SEP 17 AM 11:00</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business P.O. BOX 621636 OVIEDO, FL 32762-1636		Mailing Address P.O. BOX 621636 OVIEDO, FL 32762-1636					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2660902		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
NOEL, MICHAEL 927 MILLSHORE DR CHULUOTA, FL 32766				Name James F. BERUT Street Address (P.O. Box Number is Not Acceptable) 937 Millshore Dr. City Chuluota 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEDONT, JAMES			NAME	100136148041		
STREET ADDRESS	937 MILLSHORE DR			STREET ADDRESS	09/19/08--01038--015 **61.25		
CITY-ST-ZIP	CHULUOTA, FL 32766			CITY-ST-ZIP			
TITLE	DVP	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	O'BRIEN, ALBERT			NAME	John Lascellas		
STREET ADDRESS	900 MILLSHORE DR			STREET ADDRESS	816 Nocturne Drive		
CITY-ST-ZIP	CHULUOTA, FL 32766			CITY-ST-ZIP	Chuluota, FL 32766		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOGDANY, TIMOTHY			NAME			
STREET ADDRESS	888 MEZODY DR			STREET ADDRESS			
CITY-ST-ZIP	CHULUOTA, FL 32766			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'BRIAN, CAROL			NAME			
STREET ADDRESS	900 MILLSHORE DR			STREET ADDRESS			
CITY-ST-ZIP	CHULUOTA, FL 32766			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 8/5/2008 (407) 977-5003 <small>Daytime Phone #</small>			

9/18
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