

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 04 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N09731 (3)
1. Corporation Name
MIL LAKE HOMEOWNERS' ASSOCIATION, INC.



| | |
|--|---|
| Principal Place of Business % JRW BUSINESS SERVICES 5350 10TH AVE NORTH: STE 5 LAKE WORTH FL 33463 | Mailing Address % JRW BUSINESS SERVICES 5350 10TH AVE NORTH: STE 5 LAKE WORTH FL 33463-2071 |
|--|---|

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|--|--|
| 3. Date Incorporated or Qualified 06/13/1985 | 3a. Date of Last Report 03/20/1996 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|--|--|
| 4. FEI Number 20-2009440 59-2517552 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**REGAN, JENNIFER
5350 10TH AVE
STE 5
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CROSS, GARY H | |
| STREET ADDRESS | 3781 MIL LAKE COURT | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | ALU, THOMAS | |
| STREET ADDRESS | 3753 MIL LAKE CT | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | STANLEY, MADELINE | |
| STREET ADDRESS | 3774 MIL POND CT | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | SDT | <input checked="" type="checkbox"/> DELETE |
| NAME | SNOW, LORETTA | |
| STREET ADDRESS | 3785 MIL-POND CT. | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|------------------------------|---|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Cross, GARY H. | |
| 1.3 STREET ADDRESS | 3781 Mil-Lake Ct. | |
| 1.4 CITY-ST-ZIP | LAKE WORTH, FL. | |
| 2.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Rivord, CARIE A. | |
| 2.3 STREET ADDRESS | 3772 MIL-POND | |
| 2.4 CITY-ST-ZIP | LAKE WORTH, FL. | |
| 3.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Ellen White | |
| 3.3 STREET ADDRESS | 3760 MIL-POND CT | |
| 3.4 CITY-ST-ZIP | LAKE WORTH, FL. | |
| 4.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Parsons, Joanne | |
| 4.3 STREET ADDRESS | 3763 MIL-LAKE CT | |
| 4.4 CITY-ST-ZIP | LAKE WORTH, FL. 33463 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* **REQUIRED** DATE _____ DAYTIME PHONE # **0043807**

CR2E037 (9/96)