


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90007 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09731 ✓

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/13/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2517552
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
REGAN, JENNIFER 5350 10TH AVE STE 5 LAKE WORTH FL 33463		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, GARY H	1.2 NAME	ROBERT CAPPIELLO
STREET ADDRESS	3761 MIL LAKE COURT	1.3 STREET ADDRESS	3754 MIL POND COURT
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	GREENACRES, FL. 33463
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVARD, CARRIE A	2.2 NAME	GEORGE LEATHERBEE
STREET ADDRESS	3772 MIL POND	2.3 STREET ADDRESS	3759 MIL STREAM COURT
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	GREENACRES, FL. 33463
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, ELLEN	3.2 NAME	TAMMY ROSE
STREET ADDRESS	3760 MIL POND CT	3.3 STREET ADDRESS	3751 MIL POND COURT
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	GREENACRES, FL. 33463
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, JOANNE	4.2 NAME	LORETTA SNOW
STREET ADDRESS	3763 MIL LAKE CT	4.3 STREET ADDRESS	3785 MIL POND COURT
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	GREENACRES, FL. 33463
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED Date: 01/30/99 Daytime Phone #: (609) 600-8188

CR2E037 (5/99)