


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90034 016 \*\*\*\*61.25

**DOCUMENT # N09731**  
 1. Entity Name  
**MIL-LAKE HOMEOWNERS' ASSOCIATION, INC.**



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



2. Principal Place of Business - No P.O. Box #  
**11924 Forest Hill Blvd**  
 Suite, Apt. #, etc.  
**Suite 22, #111**

3. Mailing Address  
**11924 Forest Hill Blvd**  
 Suite, Apt. #, etc.  
**Suite 22, #111**  
 City & State  
**Wellington, FL 33414**  
 Zip  
**33414** Country  
**USA**

1st MOORE CR2E037 (10/06)

4. FEI Number  
**59-2517552**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CHILDERS, AMBER**  
**131 ALCAZAR ST**  
**WEST PALM BEACH FL 33411**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

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 *Carol Flores* **President** DATE *2/16/07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
VP	BARROW, MARTIN	3772 MIL POND CT	LAKE WORTH FL 33463	<input type="checkbox"/>
D	ODOM, REGINA	3788 MIL-POND COURT	GREENACRES FL 33463	<input type="checkbox"/>
D	GARCIA, LISA	3765 MIL-LAKE CT	GREENACRES FL 33463	<input type="checkbox"/>
D	SALDIVAR, FRANCISCO	3785 MIL LAKE CT.	GREENACRES FL 33463	<input type="checkbox"/>
P	FLORES, CAROLYN	3769 MIL-POND COURT	GREENACRES FL 33463	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Carol Flores* **Carol Flores - President** 1/30/07 501-439-9675  
Signature and typed or printed name of signing officer or director Date Daytime Phone #