


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90213 013 \*\*\*\*61.25

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



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

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number **59-2517552**      Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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

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: *[Signature]*      DATE: **1/16/03**  
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**

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	PD MOOROW, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	<del>3785 MIL STREAM CT</del>	
CITY-ST-ZIP	<del>GREENACRES FL 33463</del> <i>see change →</i>	
TITLE NAME	VD VITALE, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	3759 MIL POND COURT	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE NAME	D SMITH, ED	<input type="checkbox"/> Delete
STREET ADDRESS	3788 MIL POND COURT	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE NAME	D RADCLIFF, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	3763 MIL STREAM CT.	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE NAME	D SALDIVAR, FRANCISCO	<input type="checkbox"/> Delete
STREET ADDRESS	3785 MIL LAKE CT.	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE NAME	D FLORES, CAROLYN	<input type="checkbox"/> Delete
STREET ADDRESS	3769 MIL POND COURT	
CITY-ST-ZIP	GREENACRES FL 33463	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD MORROW, STEVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5350 10th Ave north #5	
CITY-ST-ZIP	lake worth, Fla 33463	
TITLE NAME	D LISA GARLIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3767 mil-lake Ct.	
CITY-ST-ZIP	Greenacres, FL 33463	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED** *[Signature]*      Date: **2/27/03**      Daytime Phone #: **(561) 439-9675**

CR2E037 (10/02)