

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90014 018 ****61.25

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01242007 Chg-NP CR2E037 (12/06)

DOCUMENT # N97000001390							
1. Entity Name THE HILLS OF LAKE EDEN HOMEOWNER'S ASSOCIATION, INC.							
Principal Place of Business COMMUNITY ASSOCIATION SVCS., INC. 951 BROKEN SOUND PKWY. NW, SUITE 250 BOCA RATON, FL 33487-3531			Mailing Address COMMUNITY ASSOCIATION SVCS., INC. 951 BROKEN SOUND PKWY. NW, SUITE 250 BOCA RATON, FL 33487-3531				
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 65-0876901			
				Applied For 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				
C/O COMMUNITY ASSOCIATION SVCS., INC. 951 BROKEN SOUND PKY. NW SUITE 250 BOCA RATON, FL 33487-3531			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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, BERT 5 LK EDEN DR BOYNTON BCH, FL 33444 <i>33487 33487</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JSC</i> JOANNE WALBORN 41 LK EDEN DR BOYNTON BEACH FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TR</i> LEFEBER, HARRY 22 LK EDEN DR BOYNTON BCH, FL 33444 <i>33487</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JD</i> CHARLES LYMAN 26 LK EDEN DR BOYNTON BEACH FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEISSINGER, GREG 64 LAKE EDEN DRIVE BOYNTON BEACH, FL 33444 <i>33487</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYNCH, CHRISTOPHER 32 LAKE EDEN DRIVE BOYNTON BEACH, FL 33444	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE, BOB 30 LAKE EDEN DR. BOYNTON BEACH, FL 33444 <i>33487</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICTORIA, PETER 24 LAKE EDEN DRIVE BOYNTON BEACH, FL 33444 <i>33487</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 info empowered.							
SIGNATURE: <i>[Signature]</i>			Date: <i>2/15/07</i>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: _____ Day/Time Phone # _____				